



**HAITI MISSION TRIP**  
**NOVEMBER 17-24, 2018**  
**Initial Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Church Home: \_\_\_\_\_

Occupation: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Medical Concerns and Limitations: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Have you been on a mission trip before? If yes, give brief information:

What are your expectations for this trip?

What kind of foreign travel have you experienced?