



# NEHEMIAH NETWORK

SHORT TERM MISSIONS OPPORTUNITIES

## TRIP PARTICIPANT INFORMATION FORM

Trip Name:		Trip Date:	
Registration: <input type="checkbox"/> Individual <input type="checkbox"/> Group _____		Shirt Size: S M L XL 2XL 3XL <small>(Circle One)</small>	
<b>GENERAL INFORMATION</b>			
Last Name:		First :	Middle:
Preferred Name:		Date of Birth:	
Permanent Address:		City:	
State/Prov:	Zip Code:	E-Mail:	
Primary Phone:		Cell:	
Mailing Address (if different from above)		Use this address until:	
Street Address:		City:	
State/Prov:		Zip Code:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Age:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Remarried <input type="checkbox"/> Other _____			
Occupation:			
<b>CHRISTIAN EXPERIENCE</b>			
Church:		Denomination:	
Street Address:		City:	
State/Prov.:		Zip Code:	
Pastor's Name:		E-mail:	
Church Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	Attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Involvement/Ministry in the Church:			
<b>HEALTH AND EMERGENCY INFORMATION</b>			
Health Insurance Provider:		Policy Number:	
Emergency Contact #1		Relationship:	
Last Name:		First Name:	
Street Address:		City:	
State/Prov:	Zip Code:	Email:	
Primary Phone:		Cell:	

Emergency Contact #2 Relationship:

Last Name: First Name:

Primary Phone: Cell:

HEALTH INFORMATION Date of last Tetanus Shot:

Do you have any health condition which requires special attention or medication?  Yes  No  
If yes, please explain:

What medications are you taking?

Do you have any limitations which might affect your participation in one of our trips?  Yes  No  
If yes, please explain:

Are you able to walk unassisted for one mile?  Yes  No If no, please explain:

Are you able to walk up two flights of stairs?  Yes  No If no, please explain:

Are you able to carry your carry-on baggage while walking up-stairs, and for a distance of one mile?  
 Yes  No If no, please explain:

Are there any medical devices (hearing aid, CPAP machine, walkers, etc.) that you need to use on a daily basis?  
 Yes  No If yes, please explain:

Are you able to easily navigate uneven surfaces while walking?  Yes  No If no, please explain:

Do you have any allergies?  Yes  No If yes, please explain:

TRAVEL INFORMATION

Do you have a passport?  Yes  No Passport Number:

Name on Passport: Expiration Date:

(Spelling accuracy is of utmost importance for ordering Airline Tickets)

AIRPORT PREFERENCE (Please list three)

1st 2nd 3rd

Adjusted Travel Dates (If different from published trip dates):

AIRLINE FREQUENT FLIER NUMBERS (Please list)

Ticket Purchasing  Nehemiah Network  I will make my own flight arrangements

Can we release your Address, Phone, Email & Travel Information to other members of the Team?  Yes  No

How did you find out about Nehemiah Network?

On a separate sheet of paper write a brief autobiography, why you want to participate on a Short Term Missions Trip, and your Personal Testimony: