

TOGO, AFRICA TOUR APPLICATION

CONTACT INFORMATION

Name:	DOB:	
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell:	Email:

TOUR INFORMATION

Room Type: Single ___ Double ___ Triple ___ Family ___		
Name(s) of requested roommate(s):		
Do you have a valid passport? Yes No	Country of issuance:	Expiration date:
If you do not have a passport, when will you obtain it? _____		
Passport Number:		
Required Immunizations:	Tshirt size: S M L XL XXL	

EMERGENCY CONTACT

Name of a relative not travelling with you:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		

PERSONAL REFERENCES (2)

Name of a person of personal reference:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		Email:

Name of a person of personal reference:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		Email:

PHYSICAL CRITERIA FOR TRIP

*must be able to walk a 1/2 mile without needing to stop	Yes _____
*must be able to withstand hot weather without air conditioning	Yes _____
*must be able to walk on uneven roads and alleyways	Yes _____
*must be able to ride on a bus for 1-2 hours on bumpy roads	Yes _____
*must have an updated Tetanus shot (within last 10 years)	Yes _____

PRELIMINARY REFUNDABLE DEPOSIT

<input type="checkbox"/> I have included a \$50 refundable deposit with this application.
<input type="checkbox"/> I am submitting a \$50 refundable deposit online with my credit card. Name on credit card (if different than the name on this application)

* If accepted on this mission trip, the \$50 deposit will be applied to your trip cost.

Internal Purposes Only

Received by _____ on _____ / Approved by _____ on _____

BIOGRAPHICAL INFORMATION

Previous Travel Experience:

If you'd like us to not share this information with others on the trip, please put an X here: _____

Occupation:	Age:	Hometown:
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Family Information:

Church Affiliation:

Group Affiliation:

Would you be willing to lead a daily devotion on the trip? Yes No

French skills: None Minimal Conversational Fluent

What special skills or talents do you have that might be useful on this trip (i.e., medical, carpentry, etc.,)?

How did you learn about this trip?

Do you have any physical or medical limitations that we should know about? No Yes, please explain below.

I understand that Master Provisions may use pictures taken on the trip for promotional purposes _____ (initial here)

Anything else that you'd like to add:

SIGNATURE

I agree that all of the information included on this form is accurate to the extent possible. It is my intent to attend this mission trip and to fully participate as a volunteer. I give consent for my picture to be used for promotional services. Upon receiving email notification that I have been accepted on this trip, I intend to complete final documents, submit a \$300 non-refundable deposit, and attend the pre-departure trip meeting on **To be announced**.

Signature _____ Date _____

**Please return all forms to:
Master Provisions
ATTN: TOGO AFRICA MISSION TOUR
7725 Foundation Drive
Florence, KY 41042**