###  Uganda Mission Trip Information

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| team member Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date of Birth |  | Age on First Day of Trip |  |
| [ ]  T-Shirt Size (Women’s or Men’s):  |  |
| United Mileage Plus Number:  |  |  |  |  |
| passport information |
| Name as it Appears on Your Passport |
| Place of Issue |  |
| Passport Number |  | Expiration Date |  |
| Emergency Information (Also person to contact upon arrival in uganda) |
| Emergency Contact |  | Relationship |  |
| Phone  |  |  |
| Health Insurance |  |
| ID # |   |  Coverage Outside U.S.? |  |
| Beneficiary:  |
| health information |
| Physician’s Name |  | Phone  |  |
| Known Allergies |  |  |
| Medications you are currently taking |  |
| Health Concerns |  |
| Signature |
| I declare the information set forth above to be true and accurate: |  |
| Signature: |  |  |
| Date: |

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| Mission team information |
| What made you want to be a part of this team? |  |
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|   |  |
| What do you hope to accomplish during this trip? |  |
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|   |  |
|   |  |
| What concerns do you have about this trip? |  |
|   |  |
|   |  |
|   |  |
| What do you consider some of your strengths; your gifts and talents? |  |
|   |  |
|   |  |
|   |  |
| What do you consider some of your weaknesses? |  |
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|   |  |