

**RETURN THIS DOCUMENT TO:** Ron Brown, 605 Maple Court, Tremont IL 61568

# Registration

Name (as printed on your passport)		Date of Birth	Birth Place
Street Address		City, State, Zip	
Email Address		Home Phone	Cell Phone
Passport Number	Issue Date	Expiration Date	<i>Note: Expiration date must be more than six months after your date of travel.</i>
Home Church		Home Church City, State, Zip	

## Trip Options and Information

Please choose a trip:

### 1A,2A,3A Teams (\$1,865)

- Team 1A: Jan 4-11, 2020
- Team 2A: Jan 18-25, 2020
- Team 3A: Mar 7-14, 2020

### 1B,2B,3B Teams (\$2,365)

- Team 1B: Jan 4-15, 2020
- Team 2B: Jan 18-29, 2020
- Team 3B: Mar 4-14, 2020

- I will need a hotel room for Friday night
- I would like a single room. (for Team A: an additional \$300. For Team B: an additional \$300).
- Travelling with family member

## Trip Deposit

Full trip cost is required to hold your reservation. Make checks out to C.A.M.P.

Date on Check	Check Number
Amount of Check	

Signed: \_\_\_\_\_

**Form must be signed in order to be processed.**

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# Release Form

For, and in consideration of, all things done and to be done, including, but not limited to transportation, travel, conveyances, hotel, meals, and all other accommodations, sightseeing, arrangements, and services in the United States,

I \_\_\_\_\_, being the undersigned so hereby release, remise, acquit, discharge, covenant to indemnify and hold harmless, and forever discharge Central American Mission Projects, Inc (C.A.M.P.), their agents, servants, employees, officers, directors, representatives and successors in office, individually or collectively, for any and all action, claims demands, cost, including attorneys fees, loss of services, expenses and compensation, on account of or in any way growing out of the aforesaid tour.

Should circumstances make delays unavoidable, or there be changes in rates and tariffs from those printed, causing rate changes, the undersigned agrees that Sponsors shall not be held responsible and that any expenses, increases, or changes in tariffs and accommodations will be paid by the undersigned.

The undersigned further agrees that the Sponsors shall not be responsible in any way for loss or damage to baggage or any personal effects.

Wherefore, the undersigned has caused this Release to be executed by him/her this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

## **WITNESS MUST SIGN THIS DOCUMENT**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

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# Medical Information

Complete one form per person attending. This information will be kept confidential by C.A.M.P. unless it is needed to care for you in what C.A.M.P. staff deems an emergency situation.

Name (as on Passport)		Birthdate	
Passport Number		Primary Physician	
Date of Last Physical Check-up		Primary Physician Phone	
Primary Physician Address		Insurance Provider <i>(you are expected to carry your own insurance)</i>	
Insurance Group #	Insurance Plan #	Insurance Phone Number	
Existing Medical Conditions (ie diabetes, allergies, etc) and Explanation			
Special Dietary Needs			
Current Medications (please note if medication must be refrigerated)			
Emergency Contact in USA		Relation to You	
Phone Number			

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# Media Release Form

Name *(please print)*: \_\_\_\_\_

Phone Number \_\_\_\_\_

This general media release form allows Central American Mission Projects (C.A.M.P, "we") to use or distribute your photograph, video image, quotes, and testimonials in our material or our website. Full names will not be revealed.

We may use the materials above ("materials") for C.A.M.P promotional purposes. You grant C.A.M.P and those acting under its authority all rights, title and interest, and copyright of the materials. We reserve the right to edit the materials, to use them in whole or in part, or not use them at all. Compensation will not be provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If under 18, Parent/Guardian must sign below)*

Parent/Guardian Signature \_\_\_\_\_

*Please contact C.A.M.P. at [campmissiontours@gmail.com](mailto:campmissiontours@gmail.com) with any questions or concerns you have about the agreement above.*

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## Construction Experience

Please list any construction skills, experience, or knowledge you have. This information helps the Team Leader plan appropriate jobs for your group.

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