

## WCRF / Moody Radio Cleveland trip to El Salvador – January 2-9, 2010

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_ Citizenship \_\_\_\_\_

Health problems \_\_\_\_\_ If 'yes', explain \_\_\_\_\_

Health insurance \_\_\_\_\_ Company \_\_\_\_\_

T-shirt size \_\_\_\_\_ Khaki shirt size (Men's) \_\_\_\_\_ or (Women's) \_\_\_\_\_

Is there any physical limitation that would affect your ability to participate in any of the activities on this trip (which will include) such as, loading, unloading, and distribution of backpacks, handling and serving food, playing games with the children, or sleeping on the beds at the orphanage?

\_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_ How fluently? \_\_\_\_\_

Do you have a current passport that will not expire before July 15, 2010? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency phone # \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/guardian (if under 18) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Relationship \_\_\_\_\_

### PASTOR'S REFERENCE

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

A \$100 deposit is required with this application...full payment for the trip is due 12/15/2009.

Make check payable to: Teams To The Nations.

Mail or deliver to: Ed Pritchard c/o Thrift Nation – 6286 Pearl Road – Parma Hts., OH 44130