

Latin American Missions Campaign Registration

Forrest Park Church of Christ, P. O. Box 2330, Valdosta, GA 31604-2330

Phone: (229) 242-1069 · Fax (229) 245-1469 · EMAIL: LAM@forrestpark.org

Please fill in form completely. Type or print clearly with black ink.

| | | | | |
|---|-------------------------------|------------------|---------------|---|
| Full Legal Name: | Passport no.: | Expiration date: | / | / |
| Name you go by: | Flight departure City, State: | | | |
| Address: | City: | State: | Zip: | |
| Phone: Home () | Work () | E-mail: | | |
| Are you a member of the Church of Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Congregation: | | |
| Profession: | Gender: M F | Birth day: / / | T-shirt size: | |
| Contact name for emergency: | Relationship: | Phone: () | | |
| List any special training or skills: | | | | |
| Do you speak Spanish well? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some | | | | |
| Have you previously participated in a LAM campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year and what job(s) did you perform? | | | | |
| | | | | |
| Do you have campaign experience other than with LAM? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what job(s) did you perform? | | | | |
| | | | | |
| List any health problems or allergies you have: | | | | |
| | | | | |
| List any medications you are taking: | | | | |
| | | | | |
| List (in order of preference) campaign(s), location(s), and dates in which you wish to participate: | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Note: Medical professionals must enclose a *clear copy of your (1) Diploma, (2) Résumé, and (3) License, which must be in-date during the campaign. For all medical professionals working in El Salvador, an apostille is required. All campaigners please include a clear copy of your passport photo/ID page.

**New official medical documents show a "void" when copied. Please make readable copies without the "void."*

Payment method must be designated

Shared team expenses will be made by: Personal check Local congregation Credit card
(You must phone your credit card information to Brenda at (229) 242-1069 ext. 205)

Airline ticket payment will be made by: Personal check Local congregation Credit card
(You must phone your credit card information to Brenda at (229) 242-1069 ext. 205)

Who will be arranging your airline ticket? LAM You or your congregation

***Please coordinate your flight schedule with the team leader prior to making arrangements.**

***You are responsible for sending a copy of your flight itinerary to the LAM office. (See above)**

I have read and understand the information in this form. In order to be considered for a team, this form must be complete, signed, and dated. If there are any questions, please contact the LAM office.

Signature: _____ Date: ____ / ____ / ____

Revised 2/8/10