

Children of Peace International
copimission@gmail.com
Personal Information Sheet for Mission Trip

Name EXACTLY as it appears on your passport:		Date of Birth:	Preferred name / Nick name:	
Street Address:		City:	State:	Zip Code:
Home Phone:	Cell Phone:		Work Phone:	
Email address:			Occupation:	

Emergency Contacts: (please provide two)		Relationship:	Phone number:
Name:			
Name:		Relationship:	Phone number:
Physician Name:		Physician phone number:	Blood type:
Allergies:			
Health Conditions:	Current Medications:	Dietary Restrictions:	

Passport Number & Country:	Passport Expiration Date:	Place of issue/Authority:
From which airport will you depart?		
Please select your T-shirt size & highlight		Email this form to copimission@gmail.com . We use email to communicate with our team members. Please read your email often for announcements and instructions from your mission coordinator.
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Notice to applicants:

- Please fill out all information as accurately, completely and promptly as possible.
- Send your \$500 deposit with this application.
- If you must cancel your trip after plane tickets are purchased, allow 6 weeks for a refund. The refunded amount will be minus all penalties incurred.
- The airline will charge a \$200 cancellation penalty.
- The spelling of your name on the airline ticket **must match** the spelling on your passport. It will cost an additional \$200 to re-issue a ticket with the correct spelling of your name.

If you apply for the March team:

Send form and deposit to
 Curtis and Raina Zeeh
 2010 Tall Pines Way
 Sandy, UT 84092

If you apply for the July team

Send this form and deposit to
 binh rybacki
 773 Johnson Ave
 Loveland, CO 80537