



International Trip Application

Complete All Sections of the Application. Please Print Clearly

First Name: _____ Last Name: _____
(as appears on your passport)

Full Middle Name: _____ DOB: ___/___/___ AGE: _____

Passport # _____ Exp Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shirt Size: _____ Gender: _____

Church Name: _____

X _____ /_____/_____
Applicant's Signature (or parent/guardian - if minor) DATE

This application represents a letter of intent to agreement between the designated individual and Partnership International. Acceptance of the designated individual for ministry work by Partnership International, along with the signature of an authorized agent of the designated individual constitutes an agreement to abide by the terms as expressed in this application and the Goers Guide. Only those authorized to act on behalf of the designated individual and the sponsoring church or organization are permitted to complete this application.

International Insurance Coverage*
Accident Medical Expense: \$25,000
Illness Medical Expense: \$25,000
Emergency Dental Treatment: 750
Emergency Medical Evacuation: \$50,000
Political or Security Evacuation: \$100,000
Baggage & Personal Effects Loss: \$500
Baggage Delay: \$50
Trip Delay: \$100
Missed Connection: \$500

*Please note that this is secondary insurance coverage. Your personal health insurance should be utilized first.

Please indicate date/year of most recent immunization.

Tetanus: (required) _____

Covid Shot: Yes ____ / No ____

Physician: _____

REQUIRED
Health Information
Emergency Contact Info:

Name: _____

24hr contact# _____

Relationship to goer: _____

***PLEASE ANSWER ALL QUESTION THOROUGHLY**

Do you have any known allergies? O No O Yes (if yes)
List: _____

Do you have any dietary restrictions or food allergies? O No O Yes (if yes)
List: _____

Are you currently using any medications? (Include prescription and non-prescription) O No O Yes (if yes)
List: _____

Do you have any physical limitations that prevent participation in rigorous activity? O No O Yes (if yes)
Explain: _____

