



# Stateside Trip Application

**\*Complete All Sections of the Application. Please Print Clearly\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

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.

### Stateside Insurance Coverage

We have secondary insurance coverage available for an additional cost of \$20.00 per person.

**I DO \_\_\_\_\_ or DO NOT \_\_\_\_\_ wish to purchase this coverage.**

Accidental Death & Dismemberment: \$100,000// Medical Expense: \$10,000 (\$50 deductible)// Illness Medical Expense: \$2,500 (\$50 deductible) Emergency Transportation Expense \$25,000

### Please indicate date 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:** \_\_\_\_\_

