**Esperanza-Guatemala Trip Application**

Name (exactly as it appears on your passport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

DOB\*: Passport number\*:

Why are you interested in participating in this trip to Guatemala with CPC Guatemala Missions/Esperanza?

What other short-term mission trips have you been a part of?

International travel experience:

What language(s) do you speak fluently?

General health:

 Allergies?

 Dietary restrictions?

 Physical challenges?

 Motion sickness?

Health Insurance information:

COVID: list vaccine doses and dates, including booster shots

Would you be willing to share with our congregation or other groups about the trip upon returning?

\* We use this information to book the flights. It will be kept safe and we will return it to you, if desired.