

FORM A page 1: **GROUP LIST SUMMARY**

Group Name			Dates of Trip
Group Leader			Mission Site
Contact Address		Email	
City	State	Zip Code	Country
Work Phone	Home Phone	Cell	Fax

IN CASE OF AN EMERGENCY, THE FOLLOWING PEOPLE (NOT ON TRIP) CAN BE CONTACTED:

Contact Person #1: _____ Phone: _____

Contact Person #2: _____ Phone: _____

BREAKDOWN OF PARTICIPATION FEES			
AGE GROUP BREAKDOWN	Number of participants	Fee Per Person	TOTAL AMOUNT
Ages 9 & up Participation fee is stated in confirmation letter.		\$210.00	
Children: 8 & younger No participation fee		\$10.00	
SPECIAL PROJECT MONIES			
TOTAL MONIES INCLUDED			

T-SHIRTS					
Total Number:	Small:	Medium:	Large:	X-Large:	XX-Large:

SPECIAL MEDICAL NEEDS		
Please advise us of any special health needs. Use other sheets if needed.		
NAME	CONDITION	MEDICATION

- **Did you read the Caravan Leader’s Manual? Please circle: NO YES SOME**

SUMMARY OF GROUP MEMBERS		
Total:	Number of Males:	Number of Females:
Number of Adults 18 - up:	Number of Youth Ages 9-17:	Number of Children Ages 8 and under:
FAMILY MEMBERS		
Please list any team members that are related and indicate their relation.		

- **CONSTRUCTION LABORERS:** (Please give number for each trade)

_____ Number of General (non-skilled) Workers

SKILLED LABORERS:

_____ Electrical; _____ Plumbing; _____ Carpentry; _____ Masonry;
 _____ Concrete; _____ Painting; _____ Mechanic; _____ Dry Wall;
 _____ Other: _____

SUMMARY OF MEDICAL PERSONNEL	
Also, please enclose a copy of each one’s professional license.	
_____ G.P.; _____ Dentist; _____ R.N.; _____ Chiropractor; _____ L.V.N.; _____ Gynecologist; _____ Optometrist; _____ Other: _____	
MEDICAL PERSONNEL	
Please list name and area of specialty.	
Medical Expertise: Name:	Medical Expertise: Name:
Medical Expertise: Name:	Medical Expertise: Name:
Medical Expertise: Name:	Medical Expertise: Name:

FORM C: TRAVEL PLANS TO MEXICO

Please provide your travel details so that we may know how to contact you along your trip in case of emergency.

GROUP NAME _____

GROUP LEADER _____

CELL PHONE _____

MINISTRY DESTINATION _____

DATE OF MISSION TRIP _____

_____ We are planning to fly.

Arriving Flight Information (Use additional sheet of paper for multiple flights.):

- Date: _____ Flight departure time: _____
- Airline: _____ Flight No.: _____
- Arrival Location: _____ Time of Arrival: _____

Plans after arrival: (Rental Agency: _____)

_____ Picking up rental and driving straight to site.

_____ Picking up rental and staying at:

Motel: _____ Phone: _____

Other: _____ Phone: _____

Departing Flight Information:

- Date: _____ Time of departure: _____
- Airline: _____ Flight No. _____
- Arrival Location: _____ Time of Arrival: _____

_____ We are planning to drive.

- Date you will leave home: _____ Date you plan to arrive at the site: _____

Locations where you will be staying along the way:

DATE	LOCATION	PHONE