

# Lenca Mission Trip Application Form

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Do you speak Spanish well enough to *translate*?

Please list all medical problems: We will be three hours from a hospital. Doctors are available locally.

Do you have or have you had:

Y	N	Heart problems: Describe _____
Y	N	High Blood Pressure
Y	N	Diabetes: Describe _____
Y	N	Motion Sickness
Y	N	Asthma
Y	N	Digestive System, Stomach or Intestinal issues: Describe _____
Y	N	Other: Describe _____

Are you a Continental Airlines OnePass member? \_\_\_\_\_

If yes, what is your number? \_\_\_\_\_

Trip insurance beneficiary name \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Please attach a copy of your passport page (with picture) with this application. Please return this form and non-refundable \$700 deposit by September 1, 2010.**

Ellis Baptist Association  
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972-937-9320 972-937-9326 fax