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St. Louis Park, MN 55416
(952) 200-7108
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Minneapolis Teams

Short term trips, lifelong impact

BOLIVIA 2007 APPLICATION

APPLICANT INFORMATION

| | | |
|------------------|--------|-----------|
| Name: | | |
| Date of birth: | Email: | Phone: |
| Current address: | | Cell: |
| City: | State: | ZIP Code: |

CHURCH INFORMATION

| | | |
|----------|----------|--------------------|
| Name: | | |
| Address: | | How long attended? |
| Phone: | Contact: | |
| City: | State: | ZIP Code: |

EMERGENCY CONTACT

| | | |
|---------------|--------|-----------|
| Name: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

PHYSICIAN INFORMATION

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

MEDICAL INFORMATION

Are there any medical conditions that would affect you during this visit (asthma, diabetes, etc.)?

List any medications you are taking:

List any food allergies or restrictions:

CHRISTIAN EXPERIENCE

Briefly state how and when you trusted the Lord Jesus as your Saviour:

How do you anticipate being affected by this trip?

SIGNATURES

By signing this application, I agree to cooperate with and accept the leadership of this team, and I hereby release the organizers from any and all responsibility for loss, damage, injury, sickness, or death resulting from my participation in this visit to Bolivia.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

(Anyone under the age of 18 must be accompanied by his/her own parent or guardian)