



**Living Hope International, Inc.
Short-Term Missions (STM) Trip Participant Registration Form**

****PLEASE PRINT****

Full Legal Name: _____ Birth date: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____ Phone: _____

Email: _____

Trip Dates: _____ Passport #: _____ Male/Female: _____

Personal accident/health travel insurance (required). Please provide copy of policy or insurance card.

Name & Phone Number of Physician _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Home Church: _____ Church Phone: _____

Participation: _____ (ex: Pastor/Worship Leader/Congregant, etc.)

Group Leader _____ Phone: _____

List all Medical Conditions & Allergies: _____

Occupation: _____ Skills/Special/Abilities: _____

Vision & Goals for STM: _____

Signature of Participant: _____ Date: _____

Signature of Parent or Group Leader: _____ Date: _____

Would you like to receive newsletters and email updates from Living Hope International: **Yes/No**

