

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: \_\_\_\_\_

| <b>BREAKDOWN OF PARTICIPATION FEES</b>                             |                        |                |              |
|--------------------------------------------------------------------|------------------------|----------------|--------------|
| AGE GROUP BREAKDOWN                                                | Number of participants | Fee Per Person | TOTAL AMOUNT |
| Ages 9 & up<br>Participation fee is stated in confirmation letter. |                        | \$600.00       |              |
| Children: 8 & younger<br>No participation fee                      |                        | —              |              |
| SPECIAL PROJECT MONIES                                             |                        |                |              |
| TOTAL MONIES INCLUDED                                              |                        |                |              |

| <b>T-SHIRTS</b> |        |         |        |          |           |
|-----------------|--------|---------|--------|----------|-----------|
| Total Number:   | Small: | Medium: | Large: | X-Large: | XX-Large: |
|                 |        |         |        |          |           |

| <b>SPECIAL MEDICAL NEEDS</b>                                              |           |            |
|---------------------------------------------------------------------------|-----------|------------|
| 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**

| <b>SUMMARY OF GROUP MEMBERS</b>                                            |                            |                                      |
|----------------------------------------------------------------------------|----------------------------|--------------------------------------|
| 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: |
| <b>FAMILY MEMBERS</b>                                                      |                            |                                      |
| 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: \_\_\_\_\_

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