



# *Partners With Haiti*

## *Short Term Mission's Trip*

**April 17 – 25, 2009 ~ Cost: \$1,100.00**

Please fill out this Application Form. The application *must* be accompanied with a deposit of \$600 plus a copy of your passport (if available) and a permission slip for those under the age of 18. Final payment (\$500) is due no later than April 1<sup>st</sup>.

Please make your check payable to Partners With Haiti and mail it to:  
 Partners With Haiti, C/o Nancy Turner, 229 Blythe Island Drive, Bluffton, SC 29910  
 Any questions, please contact Nancy Turner at 843-757-7940 or by e-mail: [nturner@partnerswithhaiti.org](mailto:nturner@partnerswithhaiti.org)

**Your name on this form must be identical to the name on your passport. (Please Print)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

American Citizen? YES \_\_\_ NO \_\_\_ Do you have a valid passport? YES \_\_\_ NO \_\_\_

T Shirt size: S M L XL 2X Do you have a t shirt from a previous trip? YES \_\_\_ NO \_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Health: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ (please explain below)

Do you have any medical problems, physical limitations, allergies, etc.? Please explain

\_\_\_\_\_  
 \_\_\_\_\_

Please list any medications that you are presently taking and why \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

In case of an emergency please notify \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please list any talents or work skills \_\_\_\_\_

Have you ever been on a mission's trip? YES \_\_\_ NO \_\_\_ Why do you want to go on this mission's trip?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)