

# Short Term Missionary Teams

## Partners With Haiti



**October 29 - November 10, 2007 ~ Cost \$1,100.00**

Please fill out this Application Form. The application must be accompanied by a deposit of \$550.00 a copy of your passport (if available) and permission slip for those under the age of 18. The balance (\$550) is due no later than October 15<sup>th</sup>. This team will be traveling to Savane Tapion to work on a Bethany Project School.

Please make your check payable to Partners With Haiti and mail 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 email: [nturner@partnerswithhaiti.org](mailto:nturner@partnerswithhaiti.org)

**Your name on this form must be identical to the name on your passport.**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ T Shirt size: S M L XL 2X

American Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a valid passport? Yes \_\_\_\_\_ No \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Health: Good \_\_\_\_\_ Fair \_\_\_\_\_

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

\_\_\_\_\_

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

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 missions work team? Yes \_\_\_ No \_\_\_ Why do you want to go on this work team?

\_\_\_\_\_

\_\_\_\_\_

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

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