

**LA CRESCENTA PRESBYTERIAN CHURCH
REGISTRATION FORM FOR ROSARITO, MX MISSION TRIP
November 9-11, 2018**

2902 Montrose Avenue, La Crescenta, CA 91214
(818) 249-6137 www.lcpc.net

The fee for this trip is \$90. To reserve your place on the team please complete this form and return it to La Crescenta Presbyterian Church with your check made payable to "LCPC," noted "Rosarito Mission Trip, Nov 2018." The registration deadline is Tues, Nov 6, 2018.

SECTION I: CONTACT AND MEDICAL INFORMATION (for all participants)

Print your name legibly exactly as it appears on your passport:

Sex: M F

Last Name: _____ Middle Name: _____ First Name: _____

Home address: _____ email: _____

___ Adult ___ Student ___ Grade (if student)

Date of Birth: ___/___/___ Home Phone: _____ Cell Phone: _____

FOR PARTICIPANTS UNDER AGE 19:

Name – Father/ Guardian: _____ Main Phone: _____ email: _____

Name – Mother/ Guardian: _____ Main Phone: _____ email: _____

FOR EVERYONE:

PASSPORT NUMBER, EXPIRATION DATE: # _____ Expires: _____

Immunization: Are all immunizations and shots up to date? ___ Yes ___ No

List any allergies you have: _____/_____/_____

List any medications you take: _____/_____/_____

List any medication allergies you have: _____/_____/_____

Eating Habits: Are you a... ___ Red meat Vegetarian? ___ All meat vegetarian?

Insurance Co. _____ Policy # _____ Group # _____

Billing Address: _____

Physician (if any): _____/_____
Name Phone #