



FULL NAME AS IT APPEARS ON YOUR PASSPORT (PLEASE ALSO SCAN AND ATTACH A COPY OF PASSPORT. COPY IS KEPT IN CASE OF EMERGENCY)				PASSPORT EXPIRATION (Passport should be valid at least six months beyond trip dates)	
ADDRESS, CITY, STATE, ZIP				PHONE <input type="checkbox"/> CELL <input type="checkbox"/> LANDLINE	
DATE OF BIRTH (MM/DD/YY)		MALE	FEMALE	NICK NAME OR PREFERRED NAME	
		<input type="checkbox"/>	<input type="checkbox"/>		
NAME OF TEAM YOU'RE JOINING		PLACE OF EMPLOYMENT		OCCUPATION (PREVIOUS IF RETIRED)	
ALMA MATER		FAITH COMMUNITY (WITH CITY & STATE)			
DO YOU SPONSOR A COMMON HOPE STUDENT?				STUDENT'S NAME & ID NUMBER	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT IS YOUR LEVEL OF SPANISH?				IS THIS YOUR FIRST VISIT TO CH IN GUATEMALA?	
<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED				<input type="checkbox"/> YES <input type="checkbox"/> NO	
FITNESS LEVEL AND/OR PHYSICAL LIMITATIONS (CONFIDENTIAL) Examples: no lifting over 30lbs, back problems, heart condition, overheat easily, trouble breathing at 5,000ft altitude, unable to walk more than 2 miles, etc.					
IN CASE OF EMERGENCY, PLEASE PROVIDE A LIST OF PRESCRIBED MEDICATIONS (CONFIDENTIAL) AND CONDITIONS FOR WHICH YOU TAKE THEM					
ALLERGIES OR DIETARY NEEDS (INCLUDING VEGETARIAN) Our staff does their best to accomodate dietary needs, but please bring supplemental food items if you have a very strict diet.					
IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?					

Please provide Common Hope with two emergency contacts. If traveler is under 18 years of age, one contact must be a parent(s).

NAME(S) OF EMERGENCY CONTACT #1		RELATIONSHIP	
HOME/CELL PHONE		WORK PHONE	
NAME(S) OF EMERGENCY CONTACT #2		RELATIONSHIP	
HOME/CELL PHONE		WORK PHONE	