



# Impact International Trip Application Form

Individual Application

PLEASE fill this Registration out online or scan and send back to [info@goimpactevents.com](mailto:info@goimpactevents.com)

Name (as it appears on passport):			
Name of Group:			
Address:	City:	State:	Zip:
Phone:	Email:		
Gender :	Male	Female	

**PASSPORT INFORMATION**

Name on Passport:

Passport Number:

Country of Passport:

Expires:

**VISA INFORMATION**

Nationality:

Date of Birth:

Place of Birth:

Address:

Gender:

Occupation:

Mother's Full Maiden Name:

Father's Full Name:

Shirt Size:    Small    Medium    Large    X-Large    XX-Large

**Please read the following agreement and sign below:**

I agree to be a member of the Impact International missions team attending one of the opportunities in Cuba. I authorize the Impact International team to make arrangements and I understand that the IMPACT will incur costs assessed as penalty should I later decide not to attend or change my travel plans. I agree to reimburse IMPACT for any incurred penalties. I am aware that I am responsible for all costs incurred outside of what is specifically covered for myself while on the mission trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Emergency Contact Name

Participant Name:

Emergency Contact Name:

Address:

Phone:

Fax:

E-mail:

Relationship:

Emergency Contact Name

Participant Name:

Emergency Contact Name:

Address:

Phone:

Fax:

E-mail:

Relationship: