

# Team Trip Application

Fair Oaks Presbyterian Church Missions Department  
11427 Fair Oaks Blvd, Fair Oaks, CA 95628  
Phone: (916) 967-4784 Fax: (916) 961-7932  
e-mail: missions@fopc.org

Team applying for:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

**Full Legal Name** (as appears on your passport) \_\_\_\_\_

Name you go by \_\_\_\_\_

Address \_\_\_\_\_

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

Phones (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Passport # \_\_\_\_\_ Expires \_\_\_\_\_

Driver's License # \_\_\_\_\_

## **GENERAL INFORMATION**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

T-shirt Size \_\_\_\_\_ Have you been fingerprinted at FOPC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact (**not on trip**) \_\_\_\_\_ Relationship \_\_\_\_\_

Phones (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

## **HEALTH INFORMATION:**

Are you, or have you been under a doctor's care within the last 3 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any medical or psychological conditions that limit your ability to participate in this mission outreach?

\_\_\_\_\_

\_\_\_\_\_

Doctor \_\_\_\_\_ Contact # \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Medical Insurance # \_\_\_\_\_

Allergies \_\_\_\_\_

Medications (including over-the-counter) \_\_\_\_\_

Pre-existing conditions (i.e.: heart disease, high cholesterol) \_\_\_\_\_

Diet Limitations \_\_\_\_\_

