

# PRESBYTERIAN CHURCH OF CHATHAM TOWNSHIP

240 Southern Blvd, Chatham, NJ 07928 • [www.pcct-nj.org](http://www.pcct-nj.org) • 973-635-2340

## 2019 HAITI MISSION TRIP REGISTRATION FORM

Wednesday, January 2 – Tuesday, January 8, 2019

*The trip is open to PCCT members and friends ages 18 and up. Questions may be addressed to the church office at 973-635-2340 or by e-mail to: [tbrown@pcct-nj.org](mailto:tbrown@pcct-nj.org)*

**To register:** return this registration form to the church office no later than October 14, 2018:

- 1) Non-refundable \$300 deposit payable to "PCCT" (memo: "2019 Haiti Mission Trip")
- 2) A completed medical form
- 3) Copy of both sides of participant's medical insurance card
- 4) Copy of participant's passport (valid through July 9, 2019).

### **All Participants:**

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### **Young Adult Participants under 21 years of age as of January 2, 2019:**

Date of birth: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PRESBYTERIAN CHURCH OF CHATHAM TOWNSHIP

**2019 HAITI MISSION TRIP MEDICAL FORM**

Wednesday, January 2 – Tuesday, January 8, 2019

Name: \_\_\_\_\_

**Health Information:**

Date of last tetanus shot: \_\_\_\_\_

Allergies (Food/medicine): \_\_\_\_\_

\_\_\_\_\_

Special health concerns/needs: \_\_\_\_\_

Current Medication: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Photo Release:**

I authorize The Presbyterian Church of Chatham Township to use photographs, videos and/or stories of me on the PCCT web site, in the media, or for use within the church (i.e., a trip DVD).

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