



## Global Outreach Team/Vision Team Application

Please fill out this application and send to Horizon International | Attn: Short Term Teams | P.O. Box 180 | Pendleton, IN 46064-0180.

Today's Date \_\_\_\_\_

Name of Leader: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

**Personal Information: Please write your name exactly as it appears on your passport or as you filled it out on your passport application.** Tickets will be purchased using this information. Name change fees are \$250

**\*\*Required: Attach a copy of the photo page of your passport. Passport #** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Emergency Contact

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

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

Phone Numbers (Home; Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

## Medical Information

Please list any medicines you are required to take regularly \_\_\_\_\_

---

---

Please list any medical conditions for which you are presently taking medication. \_\_\_\_\_

---

---

## Family Information

Names & Ages of Participating Children:

---

---

---

Church/Fellowship you attend: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Church's Mailing

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

City: \_\_\_\_\_ State: \_\_\_\_\_

How long have you been attending: \_\_\_\_\_

### Checklist

\_\_\_\_\_ Enclosed is my/our photo page of passport.

\_\_\_\_\_ Enclosed is my/our \$500 per person nonrefundable deposit (**Due** \_\_\_\_\_).

\_\_\_\_\_ Enclosed is my/our signed/dated Agreement Form.

\_\_\_\_\_ Enclosed is my/our signed/dated Medical Release Form.

Yes, I/we would like to secure medical insurance to cover expenses related to accident, illness, and medical evacuation while traveling.

\_\_\_\_\_ Yes, I/we would like to sponsor one or more *Horizon* orphans in Africa at \$35 per child per month. Send me information.

