## 1st Ballyshuck Mission Team

## Booking Form

Destination; Dates

**Personal / Travel / Preliminary Medical Details:**

Full Name (as per passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Issue: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Expiry: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(Please provide a copy of your passport’s ID pages with this application)**

Is there anything that we should know about your medical history or dietary needs that might have an impact on your participation on this team or on the obtaining of insurance cover?

Yes / No (Delete as appropriate)

If ‘Yes’, please give details here: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Further medical and emergency info, eg vaccines received, will be requested nearer departure**

**Contact Details:**

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

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

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Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Presbytery Teams)

**Why would you like to be involved in this team to Destination?**

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**What is your present interest/involvement in mission overseas?**

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**Have you been involved in an overseas mission team before? If ‘Yes’, please give details.**

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**Closing date for receipt of Booking forms**

**Date**

This Booking Form should be read and completed in conjunction with the Trip Information page and Cover Letter.

**In signing this form …**

**I declare that:**

* To the best of my knowledge, the information I have submitted in this booking form is true and accurate.

**I agree to:**

* Pay for the cost of the trip in full (£???? or Euro equivalent) by Date.
* Complete and return a ‘Medical & Emergency Information’ Form when requested.

**And I undertake to do my best to:**

* Play a full and active part as a member of this team;
* Attend team meetings (as arranged) for prayer, preparation, orientation and team-building;
* Attend a Team Debrief after returning from Jordan;

I enclose a deposit of £??? (or Euro equivalent) made payable to ‘1st Ballyshuck Presbyterian Church’.

I understand that in the event that I decide to cancel for reasons or circumstances not covered by insurance, I will be responsible for reimbursing the church for all costs incurred on my behalf (for example, airfare) up to the date of cancellation.

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

*When completed, please return this booking form to:*

Name

Address

**t**: ??

**e**: ??



 1st Ballyshuck Presbyterian Church

 *Registered Charity in Northern Ireland / the Republic of Ireland (???????????)*