



**Participant Information Form**  
*(Required for each individual)*

**Mission Trip to Haiti**

Trip dates: \_\_\_\_\_

We are excited that you are interested in going on a mission trip with TEM. You will be blessed by getting to know the people and country of Haiti, and the work that the Lord is doing there. We pray that it will be a life-changing experience for you.

**Please supply a photo of yourself.** A copy of your passport or passport photo, if available, will do. *Remember*, you MUST have a valid passport.

Full name, as on your passport: \_\_\_\_\_

Name you want to be called: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Emergency stateside contact:

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

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

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

Please list any medical information you believe would be relevant to your participation in this mission trip, such as medications, special medical conditions, treatments or operations *(if necessary, use back of this form)*:

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Are you a member of a church? Yes \_\_\_\_ No \_\_\_\_  
If yes, please answer the following:

Name of church: \_\_\_\_\_

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

Do you have an active role in your church? Yes \_\_\_\_ No \_\_\_\_  
If yes, please list the activities:

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What area of service are you interested in?

Medical \_\_\_\_ Hut-to-hut visitation \_\_\_\_ VBS \_\_\_\_ Other \_\_\_\_\_

Not sure \_\_\_\_\_

*(Don't worry, God knows where He wants you. He always puts us where He wants us.)*

Would you like to receive the TEM newsletter 3-4 times a year? Yes \_\_\_\_ No \_\_\_\_



## Initial Deposit Form

*(Please include with your initial deposit money)*

### Mission Trip to Haiti

Trip dates: \_\_\_\_\_

**Cost of trip:** \$1695 *(includes insurance)*

**Initial deposit:** \$850 – Initial deposit is due **2 months** before your departure date.

**Balance:** \$845 – Balance due date is **2 weeks** before your departure date.

**YOUR TICKET WILL NOT BE PURCHASED UNTIL YOUR DEPOSIT IS RECEIVED.** In the event that TEM must purchase an airline ticket at a higher price due to late deposit, the additional charge will be added to the cost of the trip.

Male \_\_\_\_\_ Female \_\_\_\_\_

Full name, as it appears on your passport: \_\_\_\_\_

Passport #: \_\_\_\_\_

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

Departure airport: \_\_\_\_\_

Delta Skymiles / AAdvantage #: \_\_\_\_\_

Name of group *(if you are part of a group)*: \_\_\_\_\_

Unfortunately, there will be NO REFUNDS. This is not so much our policy as it is that of the airlines, etc. We have to pay in advance, so BE SURE YOU ARE GOING.

***Don't forget to include your check.***



## Release Form

*(Required for each individual)*

I, (please print full name) \_\_\_\_\_, intend to participate in the (dates) \_\_\_\_\_ Haiti mission trip with Truth Evangelistic Ministry, Inc.

I authorize the staff and representatives of Truth Evangelistic Ministry to render or obtain emergency medical and/or dental treatment should any injury, harm or accident occur to me (the participant) while participating in this mission trip.

I understand and agree that Truth Evangelistic Ministry representatives may not be held liable in any way for any occurrence in connection with this mission trip that may result in injury, harm or other damages to me (the participant) or physical property.

I understand the terms herein are contractual and are not mere recital and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this release by reading before I have signed it.

It is further warranted that if this release form is signed by one of two parents or guardians (if participant is under 18 years of age), it is with the authority of the other.

Health and safety conditions are often primitive and unpredictable in third-world countries. I understand the potential risks and danger and willingly assume that risk, and hold harmless Truth Evangelistic Ministry.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian signature if participant is a minor: \_\_\_\_\_



## Permission to Use Photographs

*(Required for each individual)*

### Mission Trip to Haiti

Trip dates: \_\_\_\_\_

I grant to Truth Evangelistic Ministry (TEM) and its representatives the right to take photographs of me in connection with TEM events and activities. I authorize TEM, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that TEM may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

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

Printed name: \_\_\_\_\_

Signature of parent or legal guardian  
(if participant under age 18): \_\_\_\_\_

Please complete all forms and return to:  
Truth Evangelistic Ministry, Inc.  
1945 Patrician Way  
Fort Walton Beach, FL 32547  
Fax: 850/863-1535  
Phone: 850/582-1458

*... learn to do well! Seek justice, relieve the oppressed. Defend the cause of orphans, plead for the rights of widows. - Isaiah 1:17*