



Participant Information Form

(Required for each individual)

Mission Trip to Haiti

We are excited that you are interested in going on a mission trip with TEM (Truth Evangelistic Ministry, Inc.). 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.

Gender: Male ____ Female ____

Full name, as on your passport: _____

Name you want to be called: _____

Street address: _____

City/state/zip: _____

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)*:

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:

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

Cost (includes insurance): \$1550 *

Initial deposit: \$775

Initial deposit due 3 months before your departure date

Balance: \$775

Balance due date is 1 month before your departure date

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): _____

Street address: _____

City/state/zip: _____

Phone number: _____

Email address: _____

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.

BE SURE YOU ARE GOING.

* The cost of the trip is \$1550, if paid by the dates above. If not, additional charges may be incurred due to higher airline ticket costs.

Don't forget to include your check.



Release Form
(Required for each individual)

Mission Trip to Haiti

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

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)*: _____

Street address: _____

City/state/zip: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____



Permission to Use Photograph *(Required for each individual)*

Mission Trip to Haiti

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: _____

Printed name: _____

Date: _____

Signature of parent or legal guardian *(if 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