



**BUILDERS WITHOUT BORDERS**  
5961 Northland Road, Suite 1  
Fort Myers, FL 33905  
(239) 466-3955  
www.BuildersWithoutBorders.net  
A 501c(3) Charitable Organization, #CH18872

### TRIP APPLICATION – Page 1

*Please print, fill out & mail to us to address above with your \$200 deposit. We appreciate legible writing!*

JOURNEY DESTINATION: \_\_\_\_\_

DATES (GROUP #): \_\_\_\_\_

Full Name (as it appears on passport):

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

*Please provide a copy of the picture page of your passport*

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Place of Employment: \_\_\_\_\_

May we call you at work? Y N

email: \_\_\_\_\_

Spouse (if married): \_\_\_\_\_

Have you been on any other mission trips? Y N

If yes, briefly tell of your most recent trip \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRIP APPLICATION – Page 2

*Please print legibly*

### MEDICAL INFORMATION:

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_

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

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

\_\_\_\_\_

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

Do you have health insurance? Y N Name of Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact # \_\_\_\_\_

How would you describe your present health? Excellent Good Average Poor

Please describe any physical disability:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current illness/condition: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

### CHURCH INVOLVEMENT:

Your Church: \_\_\_\_\_

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

\_\_\_\_\_

Church Phone: \_\_\_\_\_ email: \_\_\_\_\_

Pastor: \_\_\_\_\_

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*