

My Father's House International, Inc.

P. O. Box 20673; Roanoke, VA 24018; email: info@mfhinternational.org

Please submit application via email or through postal mail to:

Aubrey Knight
1637 Forest Highlands Court
Salem, VA 24153
Aubrey.knight56@gmail.com

Mission Team Information

Legal Name (as it appears on passport): _____

Preferred Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

The following information will be used for travel purposes only.

Birthdate: _____ Social Security: _____

Passport Number: _____ Expiration Date: _____

Are you a US Citizen? yes no _____ other (please provide)

Medical Information

€ I am free from any medical problems, which would cause difficulty on this trip.

€ I have medical condition(s) that might cause a problem on this trip (describe below).

€ I have the following allergies (include medicines):

€ I am currently taking the following medications:

Primary Insurance Or Other Insurance Plan:

Company Name: _____

Telephone Number: _____ Policy Number: _____

Name of Family Doctor: _____ Telephone Number: _____

Emergency Contact Information:

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

We secure travel insurance for all trip participants. Please list a beneficiary:

Name _____ Relationship: _____

PLEASE COMPLETE THE SECTION BELOW IF YOU ARE 18 YEARS OF AGE OR OLDER:

In the event of an emergency requiring medical treatment I give permission for the leaders of this event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat

_____ as deemed necessary
(your name)

Your Signature (IF 18 YRS. OR OLDER): _____

Date: _____
