



Participant Application Form

Friends Across Borders

Immersion Trip to Bolivia March 30 – April 13, 2012

Please return this three-page form with your non-refundable deposit of \$200 per person to reserve your place in the Immersion Trip. Make check payable to: [Maryknoll Lay Missioners](#), and in the memo section write: [Bolivia Trip](#). Send all of this to:

Cecilia Espinoza, *Maryknoll Lay Missioner*

Friends Across Borders Manager

P. O. Box 307

Maryknoll, NY 10545-0307

Phone: 914-762-6364 ext. 207

Fax: 914-944-3576

friendsacrossborders@mklm.org

Part One – Basic Information

Your Name: _____ Date of Birth: _____

Mailing Address:

Day Telephone: (_____) _____ Eve Telephone: (_____) _____

E-mail address: _____

Emergency Contact Name: _____

Emergency Contact Telephone: (_____) _____

Emergency Contact E-mail address: _____

In a paragraph or two, please let us know why you are going on this immersion experience:
(use an additional sheet as necessary)

Part Two – Information and Preparation

We've learned from years of immersion trip experiences that we enrich everyone's experience by going over some information ahead of time. We'll return to many of these points in our information session. Please read them over and mark your response.

1. Trip Planning, Schedule Rhythm, and Being Flexible: While we plan for an orderly daily schedule, we want to let you know that the unanticipated does happen and we have to adapt. So, we ask flexibility on the part of immersion trip participants. Initial here to indicate that you can be flexible: _____.
2. Travel involves some risks: We, Friends Across Borders of Maryknoll Lay Missioners will be doing our best to make sure our trip meets our objectives. Still, the unexpected can occur, i.e., delays, local transportation breakdowns, etc. In urban areas, common street theft is a fact of life and we will take necessary precautions. We count on the experience of our local hosts, Maryknoll and others to provide our support system there. Initial here to indicate that you're aware of the common risks of travel, which also apply to our Friends Across Borders trip: _____.
3. Simple Accommodations: Ours is a mission trip and we plan for simple accommodations not only to keep costs down but also to enhance the value of the immersion experience. Rooms are shared and sometimes there will be dorm rooms. Bathrooms are normally shared. Initial here to indicate that you are OK with simple accommodations: _____.
4. Physical stamina requirements: We do not plan rigorous trip experiences but they can be physically taxing. Each participant must be able to walk and climb several flights of stairs without assistance, carry their own luggage and possess sufficient stamina to weather the tiring effects that normal travel and daily schedule of entering and exiting passenger vans, etc. Initial here that you are able to meet these demands: _____.
5. Medical Insurance Valid Overseas: You will need medical insurance, which is valid overseas. If you have it, please initial here: _____. If you don't have please indicate here: _____ that you will purchase a Medical Insurance thru FAB.
6. Medications: We ask that you bring with you a sufficient supply of any medications that you need to last for the duration of the trip, as we can't assure that you can purchase them in our country of destination. Also we encourage our trip participants to carry with them a good repellent. Initial here to indicate that you will be obtaining and packing a supply of your regular medications and other items to keep you healthy: _____.
7. Allergies, asthma and other medical conditions: Our immersion experiences to overseas countries take us to dusty and sometimes windy environment. Please indicate below if you suffer from airborne allergies or asthma. Also, indicate here **any other medical conditions** you think we should know about and perhaps plan around:
Airborne allergies, asthma: Yes _____ No: _____
Other medical conditions:

8. Do you have any special dietary requirements? Yes _____ No _____. If yes, please indicate: _____

9. Other questions or comments: If you have questions or concerns about any other item or any of the above, please let me know and we can discuss it. Please indicate any topic you'd like to discuss regarding your personal and physical comfort, needs and safety, etc.:

Please send this application form **with a copy of your passport**. I will send you the Payment Schedule and other follow-up information and forms to sign. Thank you very much for your responses!

Your signature: _____ Date: _____

Name and Signature of Parent or Guardian (required if participant is under 18 years of age)