



maryknoll lay
missioners

Where The Compassion Of The Faithful Transforms Lives



Registration Form

Mission Immersion and Discernment Program

Cambodia August 12 - 21, 2016

Please mail this completed form to:

Cecilia Espinoza, *Maryknoll Lay Missioner*
Friends Across Borders Manager
P. O. Box 307
Maryknoll, NY 10545-0307

Part One – Basic Emergency Information

1. Your Information:

Your Name: _____ Date of Birth: _____
 Passport: _____ Citizenship: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 E-mail address: _____

2. In case of emergency please contact:

Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phones: _____
 E-mail address: _____

How did you hear about Friends Across Borders? _____

Part Two – Information and Preparation

Please answer all the following questions:

1. What previous experiences may have prepared you for this trip? (Residing in or visiting a foreign country, cross cultural experiences, etc.)

2. What are your expectations of this immersion?

3. You will be traveling with 2 English-Khmer speaking guides from the United States and during your immersion trip another Maryknoll Lay Missioner will guide you in the host country. Do you speak any Khmer?

None

Yes, Beginner

Conversational

4. MKLM Guidelines: While all of our trips are planned in order to provide a safe and meaningful experience for you, we would like to remind you that you will be in settings very different from those found in the United States. So, we ask that you remain flexible, willing to adapt to a simple lifestyle, ready to follow the safety guidelines provided, and open to experiencing and learning about another culture. Please initial here to indicate that you will follow MKLM guidelines: _____.

5. In-country safety: Maryknoll Lay Missioners will do our best to make sure your experience meets your objectives. However, there are risks and realities that are not always within our control. We count on the experience of our local hosts, Maryknoll Lay Missioners and others, to provide you with a support system during your trip. Travel.State.Gov provides some important information regarding safety. Please visit <http://travel.state.gov/content/passports/english/country/cambodia.html> to be informed, initial here to confirm that you will review the indicated information: _____.

6. Valid Overseas Health Insurance: You will need medical insurance, which is valid overseas. Friends Across Borders (FAB) will purchase Medical Insurance with Medical evacuation. Please indicate here that you will request Medical Insurance thru FAB: _____.

7. Medications: We ask that you bring with you sufficient amounts of any medications you may need, as we can't guarantee that you will be able to purchase them in Cambodia. For vaccinations and health recommendations we ask you to consult with your physician and visit the CDC webpage: <http://wwwnc.cdc.gov/travel/destinations/traveler/none/cambodia> and get the needed vaccinations. Initial here to indicate that you will be obtaining and packing a supply of all your medications and you will have all the required immunizations: _____.

8. Medical/Health concerns or requirements: Our experiences overseas may entail time spent in stressful and/or polluted environments. While our itinerary isn't physically rigorous, at times it will be physically taxing as we move about in vans around Cambodia. **Each participant must be healthy and mobile enough to meet these demands.** Please indicate below that you are in good health condition and will let us know any special dietary requirements or medical conditions you think we should know about:

Airborne allergies, asthma: Yes _____ No: _____ Indicate: _____

Specify any other medical conditions we must know:

Specify dietary requirements:

Please initial here _____ that you have provided all needed information.

9. Please list any other questions or comments here:

Please send this form with **a copy of your passport, and a non-refundable check for \$200** made out to "Maryknoll Lay Missioners" to the address on page 1.
Thank you very much for your responses!

Your signature: _____ Date: _____

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

P.O. Box 307 Maryknoll, NY 10545-0307 914-236-3474
 friendsacrossborders@mklm.org www.friendsacrossborders.org