



maryknoll lay  
missioners

Where The Compassion Of The Faithful Transforms Lives



## Participant Information and Registration Form

### Friends Across Borders to BRAZIL

June 2 – 11, 2017

Please return this two-page form with your non-refundable deposit of \$250 per person with a copy of your passport to reserve your place in the Immersion Trip. Make check payable to: [Maryknoll Lay Missioners](#), and in the memo section write: [Brazil Trip](#).

Send all of this information to:  
**Cecilia Espinoza**, *Maryknoll Lay Missioner*  
Friends Across Borders Manager  
P. O. Box 307  
Maryknoll, NY 10545-0307  
Phone: 914-762-6364 ext. 207  
[friendsacrossborders@mklm.org](mailto:friendsacrossborders@mklm.org)

## Part One – Basic Emergency Information

### 1. Your Information:

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Passport: \_\_\_\_\_  
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: \_\_\_\_\_

## Part Two – Information and Preparation

In a paragraph or two, please let us know why you are interested in this immersion experience:  
*(Use an additional sheet as necessary)*

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

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2. How do you envision this experience will help you in your work, studies, or life in general?

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3. You will be traveling with 1 or 2 English-Brazilian Portuguese speaking guides from the United States during your immersion trip; another Maryknoll Lay Missioner will guide you in the host country. Do you speak any Portuguese?:

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/en/country/brazil.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 will obtain one for you. Please indicate here \_\_\_\_\_ that this OK for you. If please indicate here: \_\_\_\_\_ that you will provide a copy of your insurance.

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 [Brazil](#). For vaccinations and health recommendations we ask you to consult with your physician and visit the CDC webpage: <http://wwwnc.cdc.gov/travel/destinations/brazil.htm> 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 [Brazil](#). **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:

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Specify dietary requirements:

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Please initial here \_\_\_\_\_ that you have provided all needed information.

9. Please list any other questions or comments here and let us know how you learned about us:

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**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  
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