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Friends Across Borders

Registration Form

Friends Across Borders Brazil Immersion

São Paulo and Rio de Janeiro, Brazil, June 8 – 17, 2018

Please return this four-page form with your non-refundable deposit of $250 per person with **a copy of your passport** to reserve your place in the Immersion Program.

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: 914-236-3474
friendsacrossborders@mklm.org

Part One – Basic Emergency Information

1. Your Information:

Your Full Name: _____ Date of Birth: _____

Nick Name: _____ Passport Number: _____

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)

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 and how do you envision this experience will help you in your work, studies, or life in general?

3. You will be traveling with 1 or 2 English-Brazilian Portuguese speaking guides from the United States and during your immersion trip another Maryknoll Lay Missioner will guide you in Brazil. **Do you know any Portuguese?**

None	Yes, Beginner	Conversational	Fluent
❑	❑	❑	❑

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 purchase insurance for you. If you have a good insurance that you prefer and will cover you while overseas we will need to have a copy of your insurance. **Please indicate here: _____ if you will send a copy of your Medical 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 and 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 or buses around Brazil. **Each participant must be healthy and mobile enough to meet these demands.**

   Please answer the following questions:

   - How do you appraise your present health? _____
   - Do you have any chronic ailments? _____
   - Any physical disability? _____
   - What kind of diet do you usually eat? All foods ❑ Vegetarian ❑ Vegan ❑
   - Food allergy ❑ Please explain: _____
   - List any allergies you have to foods, medicines, insects, animals or environmental substances:

_____

_____

_____

_____

   - If reaction is severe, do you carry epinephrine (an epipen)? Yes ❑ No ❑
   - Do you wear? - Glasses or contact lenses Yes ❑ No ❑

     - Hearing aid(s) Yes ❑ No ❑

Please list any other current medical problems you have:

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

How did you hear about Friends Across Borders?: _____

Are you connected with…? Please mark below what apply to you:

MKLM	Maryknoll	*Just*Faith	A Parish	A Diocese	Other
❑	❑	❑	❑	❑	❑

Specify: _____

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 $250** 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)