



maryknoll lay  
missioners

Where The Compassion Of The Faithful Transforms Lives



Friends Across Borders

## Registration Form

### Friends Across Borders Tanzania Encounter

Mwanza, Musoma and Serengeti, August 17 – 26, 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: [Tanzania 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](mailto: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)*

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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. What are your expectations and 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 2 English-Swahili speaking guides from the United States and during your immersion trip another Maryknoll Lay Missioner will guide you in Tanzania. **Do you know any Swahili?**

None

Yes, Beginner

Conversational

Fluent

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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 <https://travel.state.gov/content/passports/en/country/tanzania.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 [Tanzania](#). 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/tanzania> 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 [Tanzania](#). **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:

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- 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:

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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	JustFaith	A Parish	A Diocese	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify: \_\_\_\_\_

9. Please list any other questions or comments here:

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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)