

FARSIGHT CHRISTIAN MISSION - TEAM INFORMATION SHEET

Instructions: Complete this form online. (1) Fill in all fields that apply. (2) If you have Adobe Reader only - Print form and mail it to FCM. If you have Adobe Acrobat you can save completed form to your computer and then email it to FCM. (3) Either print the Release of Liability form on the back of this form, sign and return or print it separately, sign and send it to FCM. If you are a minor, your parents must also sign the form.

If filling out printed form then PLEASE - Print Clearly - this is your emergency information!

TEAM MEMBER INFORMATION

| | |
|--------------------|--|
| TRIP NUMBER | |
|--------------------|--|

| | | | | |
|-----------------|--|---------------|---|---|
| Name | | Sex | M | F |
| Spouse Name | | Allergies and | | |
| Address | | Medical info. | | |
| City, State Zip | | | | |
| Phone | | Last Tetanus | | |
| E-mail | | | | |
| Date of Birth | | | | |
| Passport No. | | | | |

PARENT OR GUARDIAN INFORMATION FOR HIGH SCHOOL AND COLLEGE STUDENTS

| | | | |
|----------------|--|----------------|--|
| Father's Name | | Mother's Name | |
| Address | | Address | |
| City State Zip | | City State Zip | |
| Home Phone | | Home Phone | |
| E-mail | | E-mail | |
| Work Phone | | Work Phone | |

HOME CHURCH

CHURCH ATTENDING (primarily for students away from home)

| | | | |
|----------------|--|----------------|--|
| Name | | Name | |
| Address | | Address | |
| City State Zip | | City State Zip | |
| Phone | | Phone | |
| Minister | | Minister | |
| Youth Minister | | Youth Minister | |
| Missions Chair | | Missions Chair | |

INSURANCE AND EMERGENCY INFORMATION

| | | | |
|---------------|--|----------------|--|
| Insurance Co. | | Emerg. Contact | |
| Policy Number | | Phone Number | |
| Phone Number | | | |

NOTES:
