



# Summer Ukraine Trip

## Registration Form – July 11-23, 2012

Return completed form with \$200.00 Deposit  
Copy of Current Passport Picture Page  
to Converge MidAtlantic  
20 E. McKinley Way, Suite 5, Poland, OH 44514 – 330-757-7970  
Registration Deadline: March 1, 2012

Those under the age of 18 must submit with this application  
a notarized letter of permission signed by both parents.

Have you traveled to Ukraine with the CMA previously    \_\_\_\_ Yes    \_\_\_\_ No

Name as it appears on passport

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If you do not have a passport or if your current passport will expire within two months following your trip date, you must begin the passport application/renewal process immediately. You can get these forms from your local post office or online at <http://travel.state.gov/passport/index.html>

Name as you wish it to appear on your  
Luggage and Personal Tag:

Luggage Tag \_\_\_\_\_ Personal Name Tag: \_\_\_\_\_  
(Can use nickname on both tags)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

U.S. Church: \_\_\_\_\_

Sister Church if identified: \_\_\_\_\_





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\*Adult Shirt Size : \_\_\_\_ N/A \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ XXL

**\*REQUIRED FOR ALL FIRST TIME TRAVELERS (you must have new navy blue style)**

**Vaccinations Started:** \_\_\_\_\_ **Completed:** \_\_\_\_\_

*Hepatitis A* – REQUIRED - This is a series of two shots with a booster follow-up at six months – good for life as long as completed as listed.

*Hepatitis B* – strongly recommended – Series of three shots – good for life if completed as listed

**\*\*Combine Hepatitis A & B shot into one vaccine – it saves you money and being stuck twice!**

*Tetanus/Diphtheria* – REQUIRED - one shot – good for 7-10 years.

*Typhoid* - strongly recommended – one shot – *good only for two years.*

Your general physician will not have these vaccinations on hand and it will be much more costly to try to get them from him/her. You can receive these vaccinations from your local Health Department.

We request that you provide a physician or health department statement of vaccinations to the MBC prior to your trip. Make sure that you complete the process with the final booster upon your return if you get started too late to do so prior to the trip.

## IN-FLIGHT MEAL PREFERENCE: CIRCLE ONE ONLY

**Meat Meals:**        Regular    Low Fat    Diabetic    Low Salt

**Vegetarian Meals:**

**Dairy-choose from:**    Regular    Asian    (Spicy)

**Non-Dairy-choose from:**    Regular    Asian    (Spicy)





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**PLEASE BE SURE TO SIGN THIS FORM ON THE CORRECT LINE WITH YOUR NAME!!!**

## Ukraine Mission Trip Agreement

### PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Participant's name: \_\_\_\_\_

List all current:

Allergies: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Physical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Health Insurance Company covering participant: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Policy/Group # \_\_\_\_\_





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## Acknowledgment of Risk / Release and Waiver Form

**IF THE PARTICIPANT IS A MINOR (*under age 18*), THEIR GUARDIAN AGREES TO THE FOLLOWING:**

I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees, and representatives for any and all injury damage, or loss sustained by the participants arising directly or indirectly out of the mission trip;

I further agree that, in the event that I, my spouse, the participant, or another child in my care should make any claim against the trip sponsor for damage, injury, or loss arising directly or indirectly out of the mission trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss; and

I authorize the trip sponsor or their representative to obtain any medical treatment for the participant that should appear to be necessary during the mission trip, and I will be responsible for the payment of expenses relating to such illness or injury.

**I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE PARTICIPANT IS AN ADULT (18 or older), PARTICIPANT AGREES TO THE FOLLOWING:**

I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participant arising directly or indirectly out of the mission trip;

I further agree that, in the event that I should make any claim against the trip sponsor for damage, injury, or loss arising directly or indirectly out of the mission trip, I will personally indemnify, defend, and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss.

**I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.**

Signature of adult participant: \_\_\_\_\_ Date: \_\_\_\_\_





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## FEES & PAYMENTS for SPRING TRIP to UKRAINE

The trip fee for Summer trip 2012 is estimated to be \$2600. Please see the brochure for exclusions.

Payment deadlines are as follows – it is very important that these deadlines be met.

**March 1, 2012**

Initial Fee of \$200.00 must be received with the completed registration packet and a copy of the picture page of your current passport.

**April 1, 2012**

\$400.00 due

**May 1, 2012**

\$500.00 due.

**June 1, 2012**

Final payment (estimated to be \$1500) is due.

