

2012 FUMC WESLEY TOUR
REGISTRATION FORM

Name: _____ **Date:** _____
(Full name as it appears on your passport)

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Passport No: _____

Passport Expiration Date (must be 6 months beyond trip return date & must have two empty pages remaining in your passport): _____

Emergency Contact (not on trip): _____

Relationship to you: _____

Emergency Contact Phone/email: _____

Allergies and Medications: _____

Special Needs (Physical disabilities, health problems, dietary needs): _____

Medical Insurance provider: _____

Policy Number: _____ **Phone:** _____

Attach a photo copy of your passport (page with your picture and signature)