



16 Pierce Road
Rayville LA 71269
csalsbury@xmaonline.com
(318)728-6346
FAX (318)728-9557

Team Member Information & Release Form

This form must be completely filled out, signed and returned by fax, email or mail before we can guarantee a trip price and purchase your tickets. We also need a copy of the photo page of your passport and visa (if applicable) as soon as possible.

Name *as shown on passport*: _____ Trip date: _____

Address: _____

City, ST Zip: _____

Work Phone: _____ Date of birth: _____

Home Phone: _____ Tee Shirt Size: S M L XL 2XL 3XL

Cell Phone: _____

Email: _____

Emergency contact name, relationship and phone numbers: _____

Your church name and phone numbers: _____

Church secretary: _____

Pastor's name: _____

Any allergies or medical conditions: _____

Preferred departure and return airport (Please list 1st, 2nd & 3rd choices): _____

IMPORTANT NOTICE – Please read carefully!

We cannot give refunds or cancel trips for any reason once the tickets are purchased. By signing this form you are agreeing to pay the full trip price without exception and agree that you will not be refunded any money for any reason. If you are concerned that you may not be able to make your trip you should purchase private trip insurance. Our office can provide information on where you can purchase trip insurance if desired.

I understand that this trip includes risks of personal injury and accept personal responsibility for these risks to myself. I release Extreme Missionary Adventures, Macedonia Missions, Inc. and all of their representatives from any loss or injury that may occur in connection with this trip.

Signed: _____ Date: _____

If team member is a minor parent or guardian must sign here: _____