

NDNU Apopka, FL Alternative Spring Break Experience, Spring 2012

REGISTRATION FORM

NAME: _____

DOB: _____

YEAR IN SCHOOL: _____

EMAIL ADDRESS (the one you use most often): _____

CELL PHONE: _____

ADDRESS: _____

Why would you like to go on this ASB trip?

Have you ever gone on a weeklong ASB trip or service trip before?

What hallmarks do you think we will live out through this experience?

What do you hope to give and what do you hope to receive by going to this ABS site?

Are you comfortable engaging in small group spiritual reflection and prayer as part of this experience? Do you have any concerns about this?

How do you feel about working and staying with migrant workers and their families? Do you have any concerns about this?

Please list ALL medical/health conditions (including food allergies) and any medications that you are currently taking:

Please list two emergency medical contacts, including name, address and phone #:

Name and phone # of your current physician(s):

Please include a copy of your medical insurance card. Medical insurance is required to be able to go on the trip.

If you are not a documented US Citizen, please include a copy of your visa, green card and/or any other documentation with your application.

*Please note that each student who attends is required to contribute \$150 toward the ASB trip.

By signing this, I am verifying that the information submitted, to the best of my knowledge, is true and accurate.

Signature

Date

