

REACH RWANDA/UGANDA

Personal Information

Full Name: _____ Gender: M F
Date of Birth: _____ Citizenship: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Phone # (home): _____
Phone # (work): _____ Phone # (cell): _____
Email: _____
Occupation: _____
Passport #: _____
Expiry Date: _____ Country of Issue: _____
Marital Status: _____
Church Affiliation: _____ Home Church: _____
Pastor's Name: _____
Health Conditions: _____

Medications: _____

Emergency Contact

Name: _____ Relationship: _____
Phone # (home): _____ Phone # (work): _____
Phone # (cell): _____ Blood Type: _____

Trip Information

Name: REACH RWANDA/UGANDA
Dates: April 28-May 9 (with an additional week option)

Trip duration (select one): 2 weeks 3 weeks
Trip Preference (select one): RWANDA UGANDA

Ministry Content (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Construction/Serving | <input type="checkbox"/> Evangelistic Outreach |
| <input type="checkbox"/> Prayer Ministry | <input type="checkbox"/> Bible Studies |
| <input type="checkbox"/> Medical Clinics | <input type="checkbox"/> Practical Item Distribution |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Drama/Song/Worship | <input type="checkbox"/> Sharing Personal Testimony |
| <input type="checkbox"/> Other: _____ | |