

Missions Travel Application

Background Information

Today's Date:	Trip Dates (Tentative): From: _____ To: _____
Phone:	Email:
Region Visiting:	Would like to join our mailing list? YES _____ NO _____
Were you referred by anyone? : <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who/what company?

Enter the following information EXACTLY as it appears on your passport.

Name:

(Last)
(First)
(Middle)

Address: _____

Street #
City:
State:
Zip:

Country:	DOB:
Marital Status:	Sex:
Occupation:	Mother's Maiden Name:
Passport #:	Expiration Date:

Emergency Contact Information

Name:

(Last)
(First)

Address: _____

City:	State:	ZIP Code:	Phone:
Country:		Relationship:	

Additional Information

# of times you have visited Cuba:	If born in Cuba, date you left:
Is your Cuban passport current?:	Expiration Date of Cuban Passport:
Last Time You Traveled to Cuba:	Type of License You Used:

Travel Services Needed

<input type="checkbox"/> Itinerary	<input type="checkbox"/> Translator
<input type="checkbox"/> Transportation	<input type="checkbox"/> Lodging
<input type="checkbox"/> Guide	<input type="checkbox"/> Flight Arrangements

Mailing address (if different from above)

Address:

For Office Use Only:

Today's Date:

License #: GNR3CFR Section 515 566

Traveler's Agreement

The main purpose of my travel to Cuba will be to engage in certain travel-related and additional transactions directly incidental to activities noted on General License No. GNR3CFR, as defined by OFAC and permitted by a Cuba-issued Tourist Visa, under the auspices of this organization.

If I am accepted, I agree to become a member of the organization's Support Council, and adhere to all of the instructions and guidelines given by the trip facilitator regarding my trip, including the attendance of a worship service of my choice while in Cuba, with proof of attendance. I will keep a copy of my travel documents, including flight ticket, authorization letter, and any other pertinent documents, for 5 years from the date of this trip, as mandated by regulations. I will also cooperate fully with staff, personnel and representatives while in the U.S. as well as while I am in Cuba.

Release of Liability

In consideration of being accepted to and allowed to participate in this project and the activities associated with its programs and locations, I personally assume responsibility for my actions, and release the trip facilitator and any associated groups or ministries, their board members, employees and missionaries from loss, injury or damage to myself or my property, provided that nothing contained herein shall excuse the License Provider and any associated groups or ministries, their board members, employees and missionaries from the responsibility to act with reasonable care for the safety of me or my property.

Disclaimer & Affidavit

I _____, have read and acknowledge the above *Release of Liability, Disclaimer and Agreement*, and fully understand the risks involved with international travel to Cuba. Further, I understand that the organization cannot anticipate or control actions of any government; therefore I do not hold this organization or any of its affiliates responsible for any cost incurred for these reasons.

Participant Signature: _____

Date: _____

For Office Use Only:

Today's Date:

License #: GNR3CFR Section 515 566

Form # EC-2012-04

Combination Volunteer Missionary Travel and Trip Cancellation & Interruption Insurance *Enrollment*

1. Complete this form.
2. Mail or fax completed form to:
 PO Box 546135
 Miami, FL 33154
 Fax: 305-260-4214

Office Use Only	
Approved GCIIS Staff:	-----
Confirmation Number:	-----
Date:	-----

3. When insurance agent has reviewed and approved form, we will email it back to you with confirmation #.

One Convenient Rate for Both Policies: \$20/Day Covers All

[] By checking the box to the left and submitting this form, you are agreeing to participate in the International Helpers (Guernsey) Trust. As a declared member of the Trust, you have the benefits of Trip Cancellation & Interruption cover per Policy Number PUSNA 1000947 issued to the Trust.

(Please Print)

Name:				
Signature:			Date:	
Address:				
City:		State:		Zip:
Phone:		Fax:		E-Mail:
Sponsoring Organization or Other Group:			Federal Tax ID #:	
Job or Project Number (assigned by sponsoring organization):				
Master Policy Number: PUSNA0800947 – Specialty Assist # 7423		Full w/Crisis Mgt & Liability		
Destination:		City:		Country:
Expected Date of Departure:				
Expected Date of Return:				

Please Note: This is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If your group needs this type of insurance, please contact us for information.

TRAVELERS

Passport numbers are now required.

Name (Required)	DOB (Required)	Passport Number	Beneficiary (or Estate of insured)

FEE CALCULATION: (Please include the departure and return date when computing travel days):

$$\text{Number of travel days} \times \frac{\$20.00}{\text{Fee per person, per day}} = \text{Total Fee}$$