

**FRIENDS OF THE REDEEMER UNITED**

PROJECT APPLICATION:

Top Hill, St. Elizabeth, Jamaica

(228) 697-7257 Judy Riley (USA)

(876) 354-3079 FOR U Clinic (Jamaica)

[www.friendsoftheredeemer.org](http://www.friendsoftheredeemer.org)

**Please register me for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (University affiliation, if applicable and date of camp)

**Name as it appears on Passport (please print)**

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | M.I. |
|   |   |   |
| Address |   |   |
|   |   |   |
| City's | State  | Zip Code |
|   |   |   |
| Home Phone | Cell Phone | Work Phone |
|   |   |   |
| Email |   | DOB/Age |
|   |   |   |
| Citizenship and Passport # |   | Male or Female (circle) |
|   |   |   |

**Applicant’s Signature**

I certify that to the best of my knowledge and belief the above information is true and complete and that the accompanying documents are valid

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |
| --- |
| Do you have any health problems, allergies, or take medications regularly, or require a special diet? |
|   |   |   |   |   |
| Do you have any physical challenges that might require special assistance? |   |
|   |   |   |   |   |
|  |  |  |  |  |
| **Emergency Contact Information** |  |  |  |
| Last Name | First Name | Relationship |  |  |
|   |   |   |  |  |
| Address |   |   |  |  |
|   |   |   |  |  |
| City | State  | Zip Code |  |  |
|   |   |   |  |  |
| Home Phone | Cell Phone | Work Phone |  |  |
|   |   |   |  |  |

Instructions:

1. Please fill out all forms, print and mail to the address specified by Beth at least three months prior to departure.
2. Project Fee: **$650** to be paid by check one week prior to your trip. Please write check out to Friends of the Redeemer United and mail to: Judy Riley, 6001 Vista Circle, Gulfport, MS, 39507. Bring **$50** cash to pay for boat ride at the end of camp.
3. We STRONGLY recommend that you purchase travel insurance as we have had to cancel trips in the past due to unforeseen circumstances.
4. Please do not confirm flights until they have been approved by Brooke or Beth.

**Friends of the Redeemer United (FOR U) Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release FOR U, its officers, leaders, staff members and sponsoring institutions from all responsibility involving my health, safety, or personal belongings for the planned trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I take full responsibility for obtaining all my immunizations and their costs. I will also be responsible for my transportation to and from the point of departure at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By signing this document, I have released Friends of the Redeemer United (FOR U) and its authorized agents, representatives, staff and members of all these responsibilities and liabilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date