

Religious Youth Service Portland, Jamaica August 3-14, 2012

REGISTRATION FORM

INSTRUCTIONS: (1) Please type or print legibly

I. PERSONAL INFORMATION

Name _____
Title _____ First Name _____ Family Name (as given in Passport) _____

Male () Female () Date of Birth _____ Marital Status _____
Month Day Year

Religious Tradition _____ Current Religion Affiliation _____ Country of Birth _____

Country of Citizenship _____ Passport no/date of issue/expiry _____

II. MAILING ADDRESS

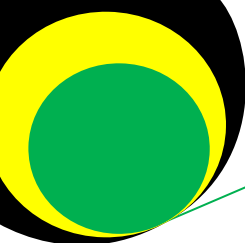
Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Phone _____ Fax _____ Email _____

III. RECOMMENDATION and PREVIOUS EXPERIENCE IN A SERVICE PROJECT





IV. MEDICAL ALLERGIES

V. DIETARY PREFERENCES

Signature of the participant: _____ Date: _____

If the participant is younger than 18 years old, he or she needs to have his or her parent or guardian sign this form as well.

Signature of participant's parent or guardian: _____ Date: _____

PASSPORT INFORMATION: This information is very important if our office needs to help you obtain a visa. If you are in the process of getting a passport, please send us this information as soon as it is available. If you need an invitation letter please contact Georgia S Pearson: georgia.pearson@gmail.com

