



Oaxaca Open Enrollment Team Member Registration

July 25 – August 1, 2009

Adventures in Life Ministry, 2389 – C Renaissance Ctr. Dr., Las Vegas, NV 89119
Telephone 702.255.2115 ~ E-mail: info@allministry.org
www.allministry.org

Name _____ Birth Date _____

Mailing Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Telephone _____ E mail _____

Home Church _____ City _____

Pastor _____ Church Telephone _____

T-Shirt Size: S M L XL 2XL 3XL Have you participated with AIL before? _____ If so, when? _____

Do you have a current passport? _____ Passport Number _____ Expiration Date ___/___/___
(Please attach a copy with your deposit)

What is your level of Spanish proficiency.

1(None) 2 3(Can converse) 4 5(Fluent)

Are you able to lift and carry 25 pounds? Yes _____ , No _____ .

Have you ever been treated for, or are you currently under treatment for any of the following:
(If yes, please explain on the back of this sheet.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Severe Allergies (peanuts/latex, etc.) |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Colitus | <input type="checkbox"/> Other |

Please list all medications you are currently taking. (use additional sheet if necessary)

Name of your Primary Care Physician _____ Telephone _____

Health Insurance Company _____ Policy Number _____

Emergency Contact _____ Telephone _____ Relationship _____

Our Oaxaca ministry is multi faceted. As such, you do not need to be an expert to be involved. The most important gifts needed are a servant's heart and the ability to be flexible. However there may be some specific ministry opportunities available based on the talents and abilities of our participants. Please take a few moments and let us know if you have any special skills that might be used for ministry.

If you are interested in teaching as part of the Zapotecan Training Center Ministry, please indicate that as well along with any qualifications you may have.

- | | | |
|---|---|---|
| <input type="checkbox"/> Contractor (please list) | <input type="checkbox"/> Instrumental Musician (instrument) | <input type="checkbox"/> Vocal Musician |
| <input type="checkbox"/> Computer/Tech | <input type="checkbox"/> Medical Abilities (please detail) | <input type="checkbox"/> Photography or Video |
| <input type="checkbox"/> Professor (subjects) | <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Other _____ |

Do you have any special dietary needs or food allergies that we should know about ahead of time?

If yes, please explain. _____

The cost of this ministry opportunity is \$750.00 plus your transportation to and from Oaxaca, Mexico. Please attach a deposit of \$100.00 and return this form by April 1, 2009 to the address below. If you would like to pay all or part of your fees by credit card, we accept Visa, MasterCard, Discover, and American Express. Just provide us with your credit card number and expiration date. We will process your payment and send a receipt. You may also process your payment online at www.ailministry.org.

Credit Card Number _____ / _____ / _____ / _____ Expiration Date ____ / ____ Signature _____

I understand that all of my program monies are due to Adventures in Life Ministry 1 month prior to my arrival in Oaxaca or June 25, 2009. I also understand that I am responsible to make my own travel arrangements to and from Oaxaca, Mexico and that I must provide AIL Ministry with those details.

There is no smoking or alcohol allowed on trips facilitated by AIL Ministry. Will you abide by this policy? Yes No

I have read all of the information supplied by Adventures in Life Ministry Inc. I verify that all information I have submitted to Adventures in Life Ministry Inc. as part of my application/registration process is truthful. I understand that participation in this trip may be hazardous and/or dangerous and I agree not to hold or attempt to hold Adventure in Life Ministry Inc. liable for any loss, damage, or injury to my person or property caused by any act of neglect of other persons on the trip or trip sites, or caused in any manner other than the willful or negligent act of Adventures in Life Ministry Inc., it's agents and employees, and will indemnify and hold Adventures in Life Ministry Inc. harmless from any liability for damages(including personal property), loss of work time, death, injury, or claims against Adventures in Life Ministry Inc. arising out of or in any way relating to any such loss, damage, or injury.

I realize that contributions to Adventures in Life Ministry are tax deductible in accordance with IRS regulations and are non refundable in the event that I am unable or choose not to participate in Oaxaca 2009. The financial disbursement of my contributions are at the discretion of AIL, its staff, agents and ministry partners and that any funds given in excess of my program costs cannot be returned and will be used to further the ministry of Adventures in Life.

I understand that Adventures in Life Ministry may use photographs, video, and other likenesses of me to promote their ministry. I will allow AIL ministry to do so at their discretion without seeking further permission or expecting any remuneration for the use of said likenesses.

Applicant's Signature _____

Date _____



Please return this form to:
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www.ailministry.org

Please return this form with any payment and a copy of your passport to Adventures in Life Ministry prior to June 25, 2009.