

Kagayanen Vision Trip 2008



Partners in Bible Translation

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This section will detail deposit and trip fee details, including due dates and contact information.

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This information about you includes the data on your Passport as well as information about family members traveling with you.

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This section includes a rather detailed questionnaire about medical/health related issues. Wycliffe will hold this document as confidential, sharing information from it only with medical personnel or in the case of an emergency, with those who need to know.

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This supplies us with contact information for one or two people in the States that we can use in case of an emergency.

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This document essentially releases Wycliffe of and acknowledges personal acceptance of the risks inherent in overseas travel.

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If you are willing to share information with us about your Church as well as a brief personal testimony, you can use the optional part of the application for that.

NOTE: Each individual intending to participate in this trip should fill out a separate application. Thank you.

NAME:



Information & Instructions

Please return your completed forms and direct any questions to:

Mark Trostle mark_trostle@wycliffe.org
Wycliffe Bible Translators 972-708-7794 (PHONE)
7500 W. Camp Wisdom Rd 972-708-7493 (FAX)
Dallas TX 75236

Applications (including a non-refundable* deposit of \$325) are due no later than Wednesday, January 9, 2008†.

**The non-refundable deposit will be used to purchase non-refundable in-country flights as well as to purchase 360 Group Protection. Insurance certificates will be distributed at the time the deposit is received*

†Applications received after January 9, 2008 will be subject to higher trip cost.

Financial Details:

Deposit

Please send a check or money order (do not send cash) for the full amount of the deposit. The deposit check should be made out to: **Wycliffe Bible Translators. Send APPLICATIONS and DEPOSITS to Mark Trostle at Wycliffe's Dallas address listed above.**

Remaining Funds

The remaining balance must be paid in full by Friday, February 8, 2008. That payment should be made directly to **MTS Travel**. Mail a check or money order directly to them (address below). In the MEMO line on the check, please write "Kagayanen Trip."

MTS Travel
1002 South Dillard St
Suite 110
Winter Garden, FL 34787

To contact MTS for assistance in booking domestic flights (to and from LAX) or for information specifically about payments, please call them at **407-905-2820**, toll free, **877-699-3987**

Total Trip Cost:

Single occupancy housing, round-trip coach travel from LAX (Los Angeles): **\$ 2,595 per person**
Double occupancy housing, round-trip coach travel from LAX (Los Angeles): **\$ 2,445 per person**

NAME:



What does this fee include?

- Welcome Packet / Orientation / Debrief Materials
- Attendance at the Kagayanen dedication
- Hotel Accommodations in the Philippines
- Most Meals
- International Travel (from LAX)
- Air travel within the Philippines
- Airport Transfers and Airline Terminal Fees in the Philippines
- **360 Group Protection** is included in the cost of the trip and that travel insurance certificates will be distributed at the time the deposit is received
- One Excursion in Puerto Princesa
- All Ground Transportation in the Philippines

What expenses are not included in the trip fee that I should consider?

- Travel within the USA (to LAX)
- Personal spending money
- Passport Fees*
- Immunizations
- Small gifts for Filipino pastors (suggestions for this will be shared)
- Meals – We suggest you budget \$100 for meals.

(You'll be responsible for between 5 and 7 meals on your own – depending on arrival and departure times. If you budget \$10 per meal, you'll have many options. You can certainly find meals for less than that at places like KFC and a local favorite, Jollibee. When you are responsible for your own meals, there will be places within walking distance from which to choose – usually at a local mall.)

If you return a completed application with deposit (including proof of Passport) before December 15, 2007, we will discount the price of your trip \$100.

***Passports:**

You will need a valid passport to travel to the Philippines. (In fact, it must be valid for 6 months beyond your expected departure date – so, for this trip, your passport should not expire before November 1, 2008.) If you do not hold a valid passport, you will want to make application IMMEDIATELY. It can take 8-10 weeks to receive a Passport after applying. We must have proof that you have a passport before the application deadline (January 9) in order to hold a place in the trip for you.

To obtain a passport for the first time or reapply for a passport you will need to go in person to a passport acceptance facility. For more information on getting, or renewing, a passport, please visit this website: http://travel.state.gov/passport/get/get_840.html

NAME:



Expectations

This group will be traveling together under Wycliffe's banner and as guests of SIL Philippines as well as the Church in the Philippines. We trust that you will consider this context when we place some expectations on individual choices (behavior and attitude) while traveling with this group.

We will provide some guidance relative to cultural expectations in the Philippines and ask that, as much as is reasonable, you'll honor the host culture even when it is uncomfortable personally. For example, we will ask you to refrain from use of alcohol while you are in the Philippines and a part of the group.

Application

Each person traveling as part of the April 2008 Vision Trip to the Philippines with Wycliffe for the Kagayanen Scripture Celebration is required to complete the following forms.

Instructions

FILL OUT A PRINTED FORM BY HAND.

Enter the information by hand (please print), and then mail the form to Mark Trostle. If you need additional copies of this form, you may download a pdf from www.wycliffe.org/Trip2008. If you choose to submit a hand-written application, please make a copy of all pages and keep them for your records.

YOU CAN DOWNLOAD THIS FORM as a WORD DOCUMENT.

Go to www.wycliffe.org/Trip2008 and download the Word document: APPLICATION. Use WORD to enter your information. To save what you've entered, use FILE → SAVE AS, replacing the current document name with your own name (EXAMPLE: mark_trostle.doc). Then attach the completed form to an email and return it to Mark at mark_trostle@wycliffe.org.

NAME:



Application: PART 1 – Personal Info

Fees & Services Understanding:

I have read the information offered in the Instruction and Information section of this document and understand that a non-refundable deposit of \$325 is due with this application no later than January 9, 2008.

I understand that the remaining trip fees are due to MTS no later than February 8, 2008 and that these fees do not include the cost of any additional travel arrangements I make with MTS or on my own. (If I make arrangements by application to participate in this trip after these deadlines, I understand that the full cost of the trip will be due upon acceptance and that the fee will be greater than the published trip costs because of real cost differences for flights.)

I further understand that all payments are for products or services I will receive and therefore none of these funds are tax deductible.

SIGNED:

DATE:

Passport & Personal Information

Name as printed in Passport:	
Preferred Name:	
Marital Status:	
Date of Birth:	
Passport #:	
Issue Date:	
Place of Issue:	
Expiration Date:	
Place of Birth: (City & State)	
Have you been convicted of a felony? If yes, please explain.	

NAME:



Application: PART 1b – Personal Info

Contact Information	
Address:	
City:	
State:	
Zip Code:	
Home Phone:	
Cell Phone:	
Email:	

Other Family Members Participating with you on the Trip			
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

NAME:



Application: PART 2 – Health Info

Medical Information/Proof of Insurance

It will be extremely helpful for those hosting you on this trip to have an understanding of your health challenges. This will also appropriately empower the trip leaders and hosts to serve you in the case of an illness or accident. MAKE SURE TO SIGN THE RELEASE BELOW.

YES	NO	DO YOU HAVE, OR HAVE YOU HAD ANY OF THE FOLLOWING DISEASES OR PROBLEMS?	YES	NO	ARE YOU REGULARLY TAKING ANY OF THE FOLLOWING?
		Rheumatic fever			Anticoagulants (blood thinners)
		Heart trouble, Heart attack, Angina			High blood pressure medications
		High blood pressure			Cortisone (Steroids)
		High Cholesterol			Anticonvulsants (Seizure medicines)
		Lung or breathing problems			Insulin or other to control blood sugar
		Asthma			Thyroid Hormone
		Hives or Eczema			Nitroglycerin
		Allergies (foods, animals, medicine, etc.)			Digitalis or other drugs for heart trouble
		Fainting spells			Hormone supplements
		Seizures			Antidepressants
		Thyroid problems			Sedatives or Antipsychotics
		Arthritis or Autoimmune disorder			
		Joint replacement			
		Ulcers			

List any diet requirements or restrictions below:

Do you have any other medical challenges that might interfere with your ability to fully participate in this trip? Anything else your trip leaders should be aware of so they can best serve your needs in case of illness or injury?

NAME:



Application: PART 2b – Health Info

List any prescription medications you'll take with you on this trip:

(NOTE: It is advisable to take 1-2 weeks more of your prescriptions than you anticipate needing and, particularly for critical medications, a written prescription.)

What is your blood type?

International Health Insurance Provider:

Policy Number:

WYCLIFFE will add this info
when policies are purchased.

Medical Evacuation (Medivac) Provider:

Policy Number:

Medical Care Authorization:

I hereby authorize the leader of the trip to secure such medical advice and services as may be deemed necessary for the health and safety of myself and I agree to accept financial responsibility, including in excess of the benefits allowed by provincial health insurance plans where my health and well being is involved.

SIGNED:

DATE:

NAME:



Application: PART 3 – Emergency Info

Emergency Contact Information

Whenever you travel, there are risks of illness, injury and even death. Though these things are unlikely, it is appropriate to have a plan in place. That plan includes making sure that those you're traveling with know who you want contacted in an emergency. Please provide that information. Also, MAKE SURE TO SIGN THE LIABILITY RELEASE BELOW.

Name:	
Relationship to you:	
Phone:	
Alternate Phone:	
Email:	
Address:	
City:	
State:	
Zip:	

If you want to add a second emergency contact, please use the space below:

Name:	
Relationship to you:	
Phone:	
Alternate Phone:	
Email:	
Address:	
City:	
State:	
Zip:	

NAME:



Application: Part 4 – Release

Release of Liability & Assumption of Risk

I acknowledge that I have voluntarily applied for enrollment in the above listed vision trip and in consideration of being permitted to participate in such trip, do voluntarily execute this "Release of Liability and Assumption of Risk" in behalf of myself, my heirs and next of kin, my personal representative and my estate.

I further acknowledge that I have been fully informed of the nature, scope and demands of the trip, and that I have met all of the prerequisites required for participation in this trip.

1. I hereby declare Wycliffe Bible Translator, Inc., and SIL International Inc. (including SIL-Philippines) to be free from any and all financial responsibility on my behalf.
2. I hereby declare Wycliffe and SIL to be free from any and all legal responsibility for my personal safety during my trip participation.

It is the policy of both Wycliffe and SIL that no extortion, ransom or blackmail be paid under any circumstances by this corporation or by any entity or subsidiary of this corporation.

3. I have read and understand the policies (above) of Wycliffe and SIL in the event of the kidnapping of myself or a family member, the demand for a ransom, an extortion attempt, or blackmail. I have considered the potential danger of kidnapping, bodily harm (including loss of life), and loss of personal property, and I freely choose to participate on this trip.

SIGNED:

DATE:

NAME:



Application: Part 5 – Additional Info

This portion of the application is optional for all participants. We'd like to know this information as it will not only help us know you a bit better before we leave, but it will also help us as we serve you both during and after the trip. As a Vision Trip, we anticipate that God will be at work in the hearts and minds of each one of us who attends this Celebration and that His working in us will lead to action.

Church Affiliation and Ministry Roles	
My Home Church:	
Church Address:	
Church City:	
Church State:	
Church Zip:	
Senior Pastor:	
Missions Pastor or Missions Committee Chair:	
List some of your ministry experiences, including leadership roles you currently hold?	
Testimony	
Describe your relationship with Jesus Christ:	