MedHope Africa

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Team Member Registration Form

Personal Information	
Name (as it appears on passport):	
Preferred Name:	Weight (kg):
Passport Number:	Passport Issued:
Passport Expiration Date:	Residence on Passport (city/state):
Date of Birth:	Age:
E-mail Address:	Cell Phone:
Street Address:	City:
State:	Zip Code:
Facebook Name:	Skype Address:
Occupation:	
Shirt Size: XS S M L XL XXL XXXL	
Do you have any physical limitations or chronic illnesses that could affect your ability to serve overseas in a physically challenging environment? YES NO	
If yes, please provide additional information:	
Emergency Contact Information	
Name/Relationship:	
E-mail:	Cell Phone:
Other Contact Information (Please list e-mail addresses for your closest friends. They will receive email updates on your work while you are traveling.)	
Name:	E-mail:
Name:	E-mail:
Name:	E-mail:

I give MedHope Africa (MHA) permission to photograph/video record my participation in MHA sponsored meetings and/or service opportunities. I consent to the use of these photographs/video recordings on the MHA website, with social media and/or promotional materials:
YES NO

A $250 non-refundable, non-transferable deposit is required to secure your registration. If you must cancel your trip due to unforeseen circumstances, you will be responsible to cover the cost of airfare once the tickets have been purchased. Due to our non-profit status, MHA is unable to offer refunds.

Date: _____ **Signature:** _____