

2010 Rotary Guatemala Service Team Application

First Name	Middle Name(s)	Last Name(s)
Home Street Address		
City	State/Province	Zip/Postal Code
Date of Birth	City & State of Birth	
Home Telephone	Daytime Telephone	Email Address
Passport Number	Passport Expiration	Country of Issue
Name Exactly as it Appears on Passport		
Name of Emergency Contact (While in Guatemala)		
Address of Emergency Contact		
Daytime Telephone	Nighttime Telephone	Alternate Telephone
Medical Contact (Primary Physician or Clinic Name)		Medical Telephone
Significant Allergies (Optional, only necessary should you require help)		
Prescription Medication You're Bringing to Guatemala (Optional, only necessary should you require help)		
Significant Medical Conditions (Optional, only necessary should you require help)		
High Blood Pressure (minor issue)		
Blood Type		

Space is limited on each team and a spot on a team is reserved **ONLY** when a payment of \$600 is received. If you would like us to make your flight arrangements the cost of your flight is also due before you travel.

Please make your payment payable to:

FM AM Rotary, International Account.

Mail this form, payment and a copy of your passport to:

FM AM Rotary, PO Box 9359, Fargo, ND 58103-9359.

If we have a copy of your passport from a previous trip you only need to resubmit it if your passport has been renewed since it was last submitted to us.

Circle the team you would like to travel with:

Saturday, January 16, 2010 through Sunday, January 24, 2010. Doug Murphy, team leader.
 Saturday, February 13, 2010 through Monday, Feb 22, 2010. Jennifer Miller, team leader.

_____ I will make my own flight arrangements. (Team leader will give you the arrival/departure times.)

_____ Please make flight arrangements for me. I would like to fly out of _____ airport.