

FARSIGHT CHRISTIAN MISSION - TEAM INFORMATION SHEET

Instructions: Complete this form online. (1) Fill in all fields that apply. (2) If you have Adobe Reader only - Print form and mail it to FCM. If you have Adobe Acrobat you can save completed form to your computer and then email it to FCM. (3) Either print the Release of Liability form on the back of this form, sign and return or print it separately, sign and send it to FCM. If you are a minor, your parents must also sign the form.

If filling out printed form then PLEASE - Print Clearly - this is your emergency information!

TEAM MEMBER INFORMATION

TRIP NUMBER	
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Name		Sex	M	F
Spouse Name		Allergies and		
Address		Medical info.		
City, State Zip				
Phone		Last Tetanus		
E-mail				
Date of Birth				
Passport No.				

PARENT OR GUARDIAN INFORMATION FOR HIGH SCHOOL AND COLLEGE STUDENTS

Father's Name		Mother's Name	
Address		Address	
City State Zip		City State Zip	
Home Phone		Home Phone	
E-mail		E-mail	
Work Phone		Work Phone	

HOME CHURCH

CHURCH ATTENDING (primarily for students away from home)

Name		Name	
Address		Address	
City State Zip		City State Zip	
Phone		Phone	
Minister		Minister	
Youth Minister		Youth Minister	
Missions Chair		Missions Chair	

INSURANCE AND EMERGENCY INFORMATION

Insurance Co.		Emerg. Contact	
Policy Number		Phone Number	
Phone Number			

NOTES:
