

Registration Form
SEPA Delegation Trip
August 5-18, 2012

Mail completed form and send payment of \$1000 (check made out to SEPA) **by June 30^h** to:

John Gates
250 E. College St.
Oberlin, OH 44074
440-774-5484 440-320-1623

Cancellation Policy: Unless a replacement is found, the trip fee is non-refundable.

Please note:

Airline arrangements must be made by each traveler. All travelers will be informed of rendezvous destination in Guatemala City once all reservations are confirmed.

Personal Information:

Name as it appears on your passport (print please)

Passport #

Passport Expiration Date (must be 10/1/12 or later)

Street Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Name of Emergency Contact

Phone # of emergency contact

Flight Information:

Name of Air Carrier

Flight Number

Arrival Time in Guatemala City

Flight insurance, if desired, may be purchased through the airlines.

Health Information:

Name of emergency health and evacuation insurance carrier

Policy number

Please list any serious health issues or allergies (use back of form if necessary)

All travelers should contact their doctor or the CDC website before travel to Guatemala