

Nassau Presbyterian Church

TRIP INFORMATION

Trip Sponsor: Nassau Presbyterian Church, Youth Ministry Committee
61 Nassau Street, Princeton, NJ 08542 USA Phone: 609-924-0103 Fax: 609-683-1975

Staff Members: Mark Edwards, Kelsey Lambright

Trip Location: Madrid - Leon - Astorga - Santiago - Madrid, Spain

Trip Dates: 22 July 2017 - 6 August 2017

Nature of Trip: Pilgrimage—Walk the *Camino de Santiago*

PARTICIPANT INFORMATION

Name: _____ DOB: _____ Male Female

Home Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

PRIMARY CONTACT INFORMATION (SPOUSE, PARENTS OR GUARDIANS)

Name: _____ Name: _____

Email: _____ Email: _____

List all phone numbers where the primary contact(s) can be reached (type: i.e. home, cell)

Name: _____	#: _____	Type? _____
Name: _____	#: _____	Type? _____
Name: _____	#: _____	Type? _____
Name: _____	#: _____	Type? _____

NON-SPOUSE/PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____	#: _____	Relation: _____
Name: _____	#: _____	Relation: _____

MEDICATION:

List all medications the youth will take during the trip. This includes any prescription, non-prescription medications, herbal supplements and vitamins.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

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MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, including over the counter medications, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

X _____
 Signature of Participant (21+) or Parent/Guardian _____
Date

TRAVEL DETAILS

(Attach a copy of the photo page from your passport as well as your complete travel itinerary)

Full Name: _____ Date of Birth: _____ Place of Birth: _____
 Passport #: _____ Expiration Date: _____
 Issuing Authority: _____ Place of Issue: _____

Arrival in Madrid:

	MAD					
Departure Airport	Arrival Airport	Airline	Flight #	Date	Departure Time	Arrival Time

Departure from Madrid:

MAD						
Departure Airport	Arrival Airport	Airline	Flight #	Date	Departure Time	Arrival Time

- I am interested in carpooling or van service to/from the US airport.
- I will help organize carpooling or van service to/from the US airport.
- I will meet the group at the Madrid airport by 9AM on Sunday, July 23, 2017
- I will meet the group at the group hotel in Madrid 4PM on Sunday, July 23, 2017