

# ***Guatemala CEDEPCA Partnership Trip***

**April 17-24, 2024**

Sponsored by

**Presbytery of the Peaks, Presbytery of the James, and CEDEPCA**

*Please complete this form and return to: [office@peakspresbytery.org](mailto:office@peakspresbytery.org) or mail to: Presbytery of the Peaks, PO Box 2519, Forest, VA 24551*

Name (on your passport)

Mailing Address

Preferred Phone

Preferred Email Address

Age                      Date of Birth

Passport Number                                      Expiration Date

Occupation (present or past)

Church

1. How are you involved in your church? In the presbytery? In Peaks partnership with CEDEPCA?

2. Health: Describe your health. Medications? List any health factors or special needs:

3. Food allergies or dietary needs (such as vegetarian or diabetic)?

4. Insurance: Does your health insurance policy cover medical attention outside the U.S.? If so, do you know their instructions for filing a claim? Or, do you plan to purchase health insurance?

5. Have you visited Guatemala or similar countries? If so, when, and in what capacity?

6. What motivates you to go on this particular trip and what do you want to gain from it?

7. How do you expect to share what you have learned when you return?

8. Can you commit to pre-trip preparation? (reading, meetings, etc.)

9. Do you anticipate applying for financial assistance from the presbytery?

10. **In case of emergency, who is the best contact? (name/relationship):**

Best phone number/s