



## Team Member Information Form

This form should be completed by each team member and then sent all together to the RMI Office no less than **6 weeks** prior to your trip.

### Personal Information

Full Name on Passport: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Single  Married  Spouse is on Team?  Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Required for Insurance)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_

Please do not add me to the RMI Mailing List.

### Church Information

Church Name: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

### Medical/Insurance Information

In case of Emergency Contact (Name & Phone):

Please list Medical Conditions, Special Dietary Requirements, or other Pertinent information:

Allergies:

Prescribed Medication Presently Taking:

Blood type: \_\_\_\_\_

Beneficiary / Relationship to you: \_\_\_\_\_ / \_\_\_\_\_  
(Required for Insurance)

In case of accident or medical emergency, I give the RMI staff permission to make the necessary decisions regarding my care.

Signature \_\_\_\_\_

Date \_\_\_\_\_