



Pastors Familiarization Tour of Ghana – March 8-15, 2010

Name: _____ Rev Dr Mr Ms Mrs M F
last name first name

Occupation: _____ Date of Birth: _____

E-Mail Address: _____ Work Phone: _____

Mailing Address: _____
street address

_____ Are you a U.S. citizen? Yes No
city state zip

Emergency Contact: _____ Relationship: _____

_____ Home Phone: _____
street address

_____ Cell Phone: _____
city state zip

Do you have a US passport? N Y Passport Number: _____ Exp. date: _____

Do you have a foreign passport? N Y Which country is it from? _____

Airplane seating preferences: Non-smoking Smoking Window Aisle

Trip originating from NY, JFK Intl.; where will you be traveling from: _____

Rooming preferences: Single room Double room Roommate: _____

Special health needs: _____

Please indicate any previous travel in Africa or any other developing country. Please include dates (if possible). _____

Why are you interested in Ghana? _____

How did you find out about this program? _____

Please mail completed application to: African Travel Seminars • 17014 Everest Path • Farmington, Minnesota 55024

Checklist: Completed Application \$350 Deposit Certificate of Ordination • Phone: 410-420-6533. **Thank you!**