

- Describe experiences you might have had with individuals from a different culture/country. Include information about past travel, nationally and internationally.

- How will you or your School benefit from this experience upon your return?

Personal Information

- Full Name as appears on Passport: _____
- Date of Birth: _____
- Address: _____

- Cell Phone Number: _____ Home Phone Number: _____
- Email: _____
- Emergency Contact Name and Number: _____
Relationship: _____

Specific requirements for Chile Service Immersion Trip, 2027

Please check the following statements to signify you have read and understand them.

- I understand that each participant is responsible for the full cost of the trip, which is \$2,950.
- I understand that there is a \$1,500 deposit due NO LATER THAN December 11, 2026, which will be used to purchase my plane ticket.
- I understand that the full cost of this trip may vary slightly from the projected cost due to unexpected and unpredictable changes in airfare.
- I understand that I must attend all three of the pre-trip meetings scheduled for this trip.

Covenant of Participation

- I will not seek to bring my ways, food, language or mentality to the people I encounter, but rather seek to experience the richness of what is theirs.
- I will cultivate a positive outlook, realizing that cultural conditions may be harsher and less comfortable than I am accustomed to at home.
- I will be open and honest with other community members and willing to share part of my life with them.
- I will take part in the team's activities, including meetings before we arrive, while we are there and when we return.
- I will share my experiences, good and bad, during regular reflection sessions before, during and after the trip.
- I will not make decisions that affect the group or the program independently of the trip leaders.

This deposit will only be refunded if the minimum number of participants is not met and therefore the trip does not proceed. International trip insurance is included in the price of this trip. This insurance does not cover cancellation due to change in plans or inability to pay the entire cost of the trip.

Submitting this form indicates that you have read, understood, and agreed to abide by all of the above.

Name: _____

Signature: _____

Date: _____