



District Mission Trip
Registration Form
Due Date June 1, 2019



Last Name _____ First Name _____

Address _____

City, State, Zip _____ Email _____

Phone _____ Birthdate _____

District:

___ Midwest (August 4—9)

EMERGENCY MEDICAL INFORMATION

Date of last tetanus shot _____ Medications you take : _____

Contact Person _____

Contact Phone _____

Medicines you **CANNOT** take: _____

Food Allergies/Restrictions _____

Medical Insurance Information:

Company Name _____ Policy Number _____

Phone _____ Policy Holder ID _____

Address _____ Relationship to Policy Holder _____

City, State, Zip _____

Physician Name _____ Phone Number _____

Return to:

Rev. Sue Pethoud
Cass Community Social Services
11745 Rosa Parks Blvd.
Detroit, MI 48206