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### Team Member Information & Release Form

This form must be completely filled out, signed and returned with a copy of the photo page of your passport before we can guarantee a trip price and purchase your tickets. If you have applied for your passport but have not yet received it please enter the date your submitted your application here: \_\_\_\_\_

Name *as shown on passport*: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trip dates: \_\_\_\_\_ to \_\_\_\_\_ Country: \_\_\_\_\_ Team Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

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

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

May we send you e-mails? Yes No Tee Shirt Size: S M L XL 2XL 3XL

Spouse Name (if applicable): \_\_\_\_\_

Emergency contact name, relationship and phone numbers: \_\_\_\_\_

Your church name and phone numbers: \_\_\_\_\_

Church secretary: \_\_\_\_\_

Pastor: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

1<sup>st</sup> Choice Airport: \_\_\_\_\_

2<sup>nd</sup> Choice Airport: \_\_\_\_\_

3<sup>rd</sup> Choice Airport: \_\_\_\_\_

**IMPORTANT NOTICE – Please read carefully!**

Due to IRS regulations we cannot give refunds for any reason. By signing this form you are agreeing that you will not be refunded any money for any reason. **You are also agreeing to pay the full trip price without exception once the airfares are purchased.** If you are concerned that you may not be able to make your trip you should purchase trip cancellation insurance.

I understand that this trip includes risks of personal injury and accept personal responsibility for these risks to myself. I release XMA, Inc. and all of their representatives from liability for any loss or injury that may occur in connection with this trip.

XMA, Inc. is a 501(c)3 non-profit organization. All donations are tax-deductible as allowed by IRS regulations and are made with the understanding that XMA, Inc. has complete control and administration over the use of the donated funds. However, we strive to honor all preferences you may have as to how your donation is used.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If team member is a minor parent or guardian must sign here: \_\_\_\_\_