

**People-to-People Pilgrimage
GHANA
November 10 - 23, 2020
Cost: \$3,800**

Registration Form

GENERAL INFORMATION

Name _____
*(As it appears on your passport – Please attach a copy of the **Passport Photo Page** and **Medication List w/dosage**)*

Address: _____ City _____

State: _____ Zip _____ Phone: _____ Gender _____

2nd phone number: _____ Email address _____

Passport number: _____ Expiration Date: _____

Emergency Contact Person _____

Phone(s): _____ Relationship: _____

Region/Conference: _____ Local Church: _____

Special Dietary Restrictions: _____

Allergies: _____

RELEASE AND WAIVER OF LIABILITY AND EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby state that I will not hold Global Ministries, the Christian Church (Disciples of Christ), the United Church of Christ, or international partners legally responsible for any accident, sickness, injury, or loss that may occur during this pilgrimage. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the pilgrimage I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf.

Signature: _____ Date: _____
Authorize emergency treatment and legal disclaimer

DEPOSIT INFORMATION:

Pay your deposit in two ways: **Online** at <https://donate.globalministries.org/people-to-people-pilgrimage> (write *Pilgrimage to Ghana 2020* on the Designation Information section) or **mail a check** for \$250.00 with your registration form by October 31, 2019. Deposits are non-refundable.

Check Payable: Global Ministries
Mail to: People to People Pilgrimage Program (Attn: Lorna Hernandez)
PO Box 1986, Indianapolis, IN 46206-1986
For information contact: lhernandez@dom.disciples.org, (317) 713-2565