



# CUC/PAA Travel Information Form

Participant's Name \_\_\_\_\_

PLEASE PRINT FULL NAME

To be completed by trip coordinator.

|                         |                         |  |
|-------------------------|-------------------------|--|
| <b>Trip Information</b> | Trip Coordinator's name | _____  |
|                         | Department              | _____  |
|                         | Destination             | _____  |
|                         | Departure date          | _____  |
|                         | Return date             | _____  |
|                         | Trip type               | <input type="checkbox"/> ADRA <input type="checkbox"/> CUC/PAA Study Tour <input type="checkbox"/> CUC/PAA Performing Tour |
|                         | Visitor's Visa required | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                         | Vaccinations Required   | _____  |

To be completed by trip participant. When completed, please return all necessary information to Trip Coordinator's office.

- Student  Non-Student – Non-students will need to fill out an *Assumption of Risk Form* to be provided by trip coordinator or it can be picked up at Student Services – Administration Building.  
 CUC  
 PAA

|   |  |              |
|---|--|--------------|
| <b>Personal Information</b><br>Please print clearly | E-mail address                         | _____        |
|   | Local phone                            | _____        |
|   | Cell phone                             | _____        |
|   | Local Address                          | _____        |
|   | Home Address (if different from local) | _____ PC     |
|   | Date of Birth (MM/DD/YY)               | _____ PC/ZIP |
|   | Home Church/Conference (ADRA Trips)    | _____        |

|  |  |               |
|--|--|---------------|
| <b>Emergency and Medical Information</b><br>Please print clearly | <b>Emergency contact 1</b>                         |               |
|  | Relationship                                       | _____         |
|  | Phone number                                       | _____ Cell #: |
|  | <b>Emergency contact 2</b>                         |               |
|  | Relationship                                       | _____         |
|  | Phone number                                       | _____ Cell #: |
|  | Family Doctor's name                               | _____         |
|  | Family Doctor's phone number                       | _____         |
|  | Provincial Health Care number                      | _____ Prov:   |
|  | Medical/Travel insurance carrier and member number | _____         |
|  | Blood type   | _____         |
|  | Known medical conditions                           | _____         |

|  |                                |       |
|--|--------------------------------|-------|
| <b>Passport</b><br>(Please attach 2 high quality photocopies of passport to be used for this trip) | Name as it appears on passport | _____ |
|  | Gender                         | _____ |
|  | Number                         | _____ |
|  | Expiration date                | _____ |
|  | Country of citizenship         | _____ |
|  | Country issuing passport       | _____ |

**IMPORTANT** – Please attach copies of

- **Up-to-date** vaccination records including those vaccines required/recommended for country(s) to be visited.
- **Letter of Consent to Travel** from parent(s)/guardian plus any supporting documentation for all those under 18 years of age.  Yes  No
- **Letter of verification** needed from Registrar Services for all students studying under a Student Visa traveling outside of Canada for class purposes.  Yes  No
- **Non-Canadian Citizens** – Student Visa, Permanent Resident Card, Work Visa etc.  Yes  No