

Group Registration

Toronto 2018: June 17-23



The following sheet is designed to help group coordinators communicate to us how many people will be coming. It also allows you to note any other helpful information about the people in your group. It should be completed by the Group Coordinator, and a copy mailed to: Herb and Sharon Carr, GCA Administrators, 903 Chestnut Street, Ashland Ohio, 44805, U.S.A. **Please keep a copy of all your teams' forms for your records.**

PLEASE PRINT!

Name of Church	Church Phone #
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Name of Group Coordinator	E-mail Address	Contact Phone #
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(Please note that registration fees are not refundable.)

I have enclosed each applicant's application form. yes no

(Please ensure that each application is filled out completely)

Please provide a breakdown of your group:

Name of Family/Individual: _____	Housing: #of Adults: _____	# of Children under 12 years: _____
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Please note any pertinent information we should know about in the space below (i.e. potential concerns, disabilities, etc.).

The Great Canadian Adventure Application



Please fill out the application carefully and completely. (Group coordinators are responsible to see that this is carried out.) Prepaid registration fees will be deducted from the total amount payable upon arrival. **Registration fees are non-refundable.**

PLEASE PRINT!

	<input type="checkbox"/> M <input type="checkbox"/> F Gender	
Name of Adult Applicant 1		Date of Birth (dd/mm/yy) – Age

Street Address	City	Prov. / State	Postal / Zip Code

Home Phone	Work Phone	E-mail

	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Adult 2		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age
	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Adult 3		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age
	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Adult 4		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age
	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Child 1		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age
	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Child 2		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age
	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Child 3		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age
	<input type="checkbox"/> M <input type="checkbox"/> F Gender		
Child 4		Relation to Adult 1	Date of Birth (dd/mm/yy) - Age

T-Shirt Sizes:

Adult 1:	<input type="checkbox"/> XXXL	<input type="checkbox"/> XXL	<input type="checkbox"/> XL	<input type="checkbox"/> L	<input type="checkbox"/> M
Adult 2:	<input type="checkbox"/> XXXL	<input type="checkbox"/> XXL	<input type="checkbox"/> XL	<input type="checkbox"/> L	<input type="checkbox"/> M
Adult 3:	<input type="checkbox"/> XXXL	<input type="checkbox"/> XXL	<input type="checkbox"/> XL	<input type="checkbox"/> L	<input type="checkbox"/> M
Adult 4:	<input type="checkbox"/> XXXL	<input type="checkbox"/> XXL	<input type="checkbox"/> XL	<input type="checkbox"/> L	<input type="checkbox"/> M
Child 1:	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult M	<input type="checkbox"/> Child L	<input type="checkbox"/> Child M	<input type="checkbox"/> Child S
Child 2:	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult M	<input type="checkbox"/> Child L	<input type="checkbox"/> Child M	<input type="checkbox"/> Child S
Child 3:	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult M	<input type="checkbox"/> Child L	<input type="checkbox"/> Child M	<input type="checkbox"/> Child S
Child 4:	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult M	<input type="checkbox"/> Child L	<input type="checkbox"/> Child M	<input type="checkbox"/> Child S

Housing: Single (\$875) Double (\$575) Triple (\$475) Quad (\$425) – Price per person 12 and over; lower rates for children may apply. Note we can only have 4 people to a room. Please contact Herb Carr if you need assistance with a large family. We will have childcare for children 11 and under.

Coordinator responsible for your group: _____

Church Name	Contact Phone #	Contact Fax #	Contact E-mail

Church Address: City	Prov. / State	Postal / Zip Code

GCA Application, Continued



Health Information:

For Canadian participants:

For American participants:

Home Province

Health Card Number

Relationship to Policy Holder

Health Insurance Carrier

Policy Holder and Number

Relationship to Policy Holder

Please provide any significant medical information i.e. allergies, including medication for the week.

Waiver Agreement

I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participant arising directly or indirectly out of the mission trip. I further authorize the trip sponsor or their representative to obtain any medical treatment for the participant that should appear to be necessary during the mission trip, and I will be responsible for the payment of expenses due to such illness or injury.

Applicant/Legal Guardian (please print)

Relationship to Applicant if Legal Guardian

Signature Applicant/Legal Guardian (if under age of 21)

(_____)_____
Work Phone

(_____)_____
Home Phone

Date

Required Preparation (Every participant age 12 and over should answer the following questions. Please write your answers on a separate sheet and attach to application.)

1. Since giving your life to Christ, how has God been changing you?
2. To what extent have you been involved in the ministry of your local church? What things have you done personally?
3. Have you ever shared Christ with a friend? If so, when?
4. What would you like to see God accomplish in your life through the Great Canadian Adventure?

Prayer Partners

We are requiring that all Great Canadian Adventure participants age 12 and over enlist two people (outside of their immediate family and other trip participants) who will commit to praying for you prior to and during your ministry in Canada. Share your answers to the above questions with your prayer partners so that they may pray for you more effectively.

Name of Prayer Partner 1

Signature of Prayer Partner 1

Name of Prayer Partner 2

Signature of Prayer Partner 2

Phone Number

E-mail Address

Phone Number

E-mail Address