



# TRAVELER INFORMATION

## GENERAL INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Profession \_\_\_\_\_

## HEALTH INFORMATION:

General Health:     Above Average     Average     Below Average

List any chronic health problems or physical limitations \_\_\_\_\_  
\_\_\_\_\_

List any major illness/es during the past year \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

## BETHANY AFFILIATION:

How are you affiliated with Bethany? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Bethany's Mission Trips? \_\_\_\_\_  
\_\_\_\_\_

What trip do you wish to participate in? \_\_\_\_\_

Bethany Mission Trips  
PO Box 294  
Grand Rapids MI 49501-0294