

Rebuilding Villages and Restoring Hope in Kenya and Uganda 450 N. Syndicate Street, Suite 290, St. Paul, MN 55104 | 651.789.5606 giveuswings.org | facebook.com/giveuswings |@give_us_wings

JUNE 2016 UGANDA TRIP APPLICATION PART III, DUE WITH REMAINING TRIP FEES (Due JUNE 1, 2016)

Name:		
Telephone: (home)	(cell)	
Email:		
EMERGENCY CONTACT IN THE US		
Name:		
Relationship:		
Address:		
Telephone: (home)	(cell)	
E-mail Address:		
TRAVEL INSURANCE (Required) (Your plan me	ust include evacuation coverage.)	
Company name:		
Address:		
Policy Number:		

I RIP INSURANCE (Optional)			
Company Name:			
Address:			-
Policy Number:			
AIRLINE TRAVEL INFORMATION			
Departure date:	Departure time:	Flight #s:	
Return date:	Return time:	Flight #s:	

MEDICAL CARE PREFERENCES

In the unlikely event that you would have a medical emergency, or not return from Africa, we ask you to consider your wishes. Please address these two possible circumstances. Change the wording as you wish.

		able to communicate, I entrust my INGS, with the understanding that
		y personal physician for input
-		Health Care Directive for guidance.
B. In the event of my de	ath while traveling in Af	rica, I request that
	, my	(name and relationship)
be contacted regarding a	ppropriate arrangement	s for return of my remains. If he/she
is not able to be reached	in a timely fashion, I re	quest that my remains be cremated
and returned to my famil	у.	

Important:

Make two (2) photocopies - keep one for your records and mail one with the original and your trip fees to Give Us Wings, 450 Syndicate St. N., Suite 290, St. Paul, MN 55104