



## 2017 CELEBRANDO NAVIDAD Group Registration Form

For more information call (956) 970-0072/Melody Durant or (956) 970-0073 Nathan Durant.

\$200.00 per person will cover your housing, food, t shirt & transportation while you're here. If possible...\$100.00 per person will be due November 30 with the balance to be received by December 15. Please send your check to:

**Like Elijah Ministry**  
P.O. Box 963  
Krebs, OK 74554

The actual three days of ministry will be December 27-29 but we welcome you to arrive the night before (26<sup>th</sup>, meal on your own) and leave the 30<sup>th</sup>.

Church Name: \_\_\_\_\_ Leader Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number In Group: \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_

Enclosed Deposit Amount (Number in group x \$100.00): \_\_\_\_\_

Will you be \_\_\_\_\_ flying, \_\_\_\_\_ driving?

When do you plan to arrive? \_\_\_\_\_

What's the chance we can take your bus/van across the border? (yes or no)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## Medical Information

(Each team member needs to have one on file **with the team leader**, not LEM.)

Please fill this out completely. In 2014, while in the mountains of Nicaragua, one of our team members became terribly ill. We did not have this information, we've never needed it before. So, to be on the safe side....

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Name & Number \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Medication Intake \_\_\_\_\_

Allergies \_\_\_\_\_

Diabetic \_\_\_\_\_ yes \_\_\_\_\_ no