

# Destined Traveler International Trip Application

Please read carefully and fill out completely the liability release, confidential medical form and this application. Sign them, scan them, and email them to [Applications@destinedtraveler.com](mailto:Applications@destinedtraveler.com).

Name of Trip (ie. DT Trekker, DT Discovery, etc): \_\_\_\_\_  
Desired dates of Trip: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Name as it appears on your passport: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_  
Do you currently have a health insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of company and policy number: \_\_\_\_\_  
Person to notify in case of an emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Do you have any medical conditions we should be aware of: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Destined Traveler? \_\_\_\_\_  
What do you hope to gain by participating in our Thailand trip?  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently attending a church? (Name and Address)  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree with our core values? (Found on [www.destinedtraveler.com](http://www.destinedtraveler.com)) If not please explain.  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgement:

1. I have read the participant agreement, release of liability and acknowledgement of risk, and understand its terms in full.
2. I have read and understand the deposit and cancelation policy and fully agree to its terms.
3. I understand that the display of misconduct, any unlawful use of drugs, acting in an unsafe manner as determined by the **Destined Traveler** staff may result in my removal from the trip and forfeiture of any and all payments.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: (If under 18 yrs. Of age) \_\_\_\_\_ Date: \_\_\_\_\_