

To reserve a place on the trip, you should print off, complete and sign the trip registration form below, and return it to Bill Saxton as soon as possible at 210A Eisenhower Chapel with a check made payable to "Above & Beyond Ministries", for at least \$200 of the \$435.00 total payment (\$455.00 if registering and paying deposit after February 15, 2009). The remainder of payment is then due by Friday, Feb. 26, 2010.

It all is a wonderful package! Join us!

Bill Saxton, International Ministries at Penn State E-mail: wjs9@psu.edu  
 Office: 210A Eisenhower Chapel Office Phone: 865-1935 Home Phone: 237-6304

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## **IMPS Florida Spring Break '10 Trip Registration Form**

**Name:** ( Mr. Ms. Dr .) \_\_\_\_\_ **Male/Female:** \_\_\_\_\_  
 (circle the proper title) (circle the name you would like to be called)

**Local Address** \_\_\_\_\_ **Office/Lab Address:** \_\_\_\_\_  
**Cell/Home Phone:** \_\_\_\_\_ **Office/Lab Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Are you:** (check one) \_\_\_ **Visiting Scholar** \_\_\_ **Grad Student (For PhD? \_\_\_Y/\_\_\_N)**  
 \_\_\_ **Humphrey/Fulbright Fellow** \_\_\_ **Intensive English** \_\_\_ **Undergrad Student**

**Major/Field of Specialization:** \_\_\_\_\_ **Home Country:** \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**List any medical issues, special needs or other items of concern:**

\_\_\_\_\_  
 \_\_\_\_\_

List any additional family members coming with student/scholar:

(Mr. Mrs. Miss) name \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_  
 (Mr. Mrs. Miss) name \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_  
 (Mr. Mrs. Miss) name \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_

Please read and sign:

In consideration for being allowed to participate in this activity, I personally assume full responsibility for my actions (and of my accompanying family members), and release the staff and agents of Internationals Ministries at Penn State, Above and Beyond Ministries, and associated organizations from responsibility for any loss, injury, or damage to myself, my family, or my property, provided such persons act with reasonable care for the safety of me, my family and my property. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through Christian Conciliation Services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_