

# Partners in Hope Visit India Registration

If you are interested in participating in our mission trips, please fill out this form and mail it to:

Partners in Hope  
P.O. Box 1031  
Frederick, MD 21702

More copies of this form can be found at [http://www.partnersinhope.us/visit\\_india/registration.html](http://www.partnersinhope.us/visit_india/registration.html).

Full Name (as it appears on your passport): \_\_\_\_\_

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

Home Phone (including area code): \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birthday Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have a passport?  Yes  No

Do you have an Indian visa?  Yes  No

I am interested in the following dates: \_\_\_\_\_

Previous mission experiences (include dates and what you did):

What is your area of particular interest?

What are your special skills and talents?

Do you have any special concerns, fears, needs or health considerations?

What is the main reason you want to come to India?

Your Home Church: \_\_\_\_\_

Your employment: \_\_\_\_\_

Please use this space for further comments or questions: