

HAF Application for Short-Term Mission Trip
(UPDATE for persons who have previously been on an HAF mission trip)
 (Please return completed form to: Leroy Farr, 262 Long Shadow Drive, Aiken, SC 29803
 or e-mail to leroy.farr@hotmail.com)

HAF Application for Short-Term Missions-UPDATE (For use by persons who have previously been on an HAF mission trip.)	
Trip Dates:	Departure City:
Name (as it appears on your passport):	
Passport Number:	Expiration Date:
Date of Birth:	Occupation:
Address:	City/State/Zip:
Primary Phone:	Alternate Phone:
E-Mail address:	
Gender: Male ___ Female ___	Marital Status:
Do you desire to purchase an HAF T-shirt (\$14)? Yes ___ No ___	T-Shirt Size:
Emergency Contact: Name: _____ Relationship: _____	
Primary Phone Number: _____	Alt Phone Number: _____
Emergency contact's e-mail: _____	
<i>NOTE: Fill in below information only if changed since last HAF mission trip.</i>	
General Health Information	
What is the general state of your health? 	
Known allergies: 	
Do you have health-related problems in the following areas? Blood Pressure ___ Diabetes ___ Heart ___ Lungs ___ Walking ___	
Other (specify): 	
Is there anything else we should know about your health and/or physical limitations? 	
Signature: _____ Date: _____	