

Morning Star Ministry, Inc.

Jack Schryer-President
Scott Regling-Vice President

Mike Clark-Secretary
Vince Marino-Treasurer

Applicant Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Parent's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mandatory Medical Insurance!!!!!! (If not insured, a trip policy will need to be purchased prior to departure for around \$40 to \$50. Family to approve limits.)

Insurance Carrier _____

Identification Number _____

In Case Of Emergency

1. Name _____ Phone _____

2. Name _____ Phone _____

Medical Information

Physical Restrictions _____

Allergies to Medications _____

Medications _____

Medical History _____

All applications must be accompanied by proof of insurance and be in effect prior to departure.