

ACCTS' CHAPLAINS INTERACTION

REGISTRATION FORM

RETURN THIS REGISTRATION TO: accts@accts.org, and ginny.cole@gmail.com ,
OR fax it to 303-986-4710

1. Please type your rank and full name here:

- a. Will you be attending?
- b. What is your level of English language skills?

2. Please type your spouse's name here:

- a. Will your spouse be attending?
- b. What is your spouse's level of English language skills?

3. What is your birth date?

4 If your spouse is attending, what is her birth date?

5. What is your mailing address? (Please also type in your home address, if different from your mailing address).

6. Please give us your:

Home phone number:

Fax number:

Cell phone number:

Work phone number:

E-mail address:

7. Are you retired or active duty?

8. Please type in your service branch (army, navy air force, etc.).

9. What is your current assignment or duty?

10. **What is your relationship to the Military Christian Fellowship** (are you a member? a leader [president, secretary, etc.]) and how do you envision your participation in Interaction will help your MCF? Can your MCF help you financially?

11. **What is your passport number and what is the date it expires?**

12. **Please list the date and place your passport was issued:**

13. **If your spouse is attending**, list her passport number and its expiration date, as well as the date and place her passport was issued.

14. **Please list the name and contact information** (phone numbers, email, etc.) of someone to contact in case of emergency:

15. **Please list medical-related information here** (your blood type, any allergies, medications taken, etc.):

16. **Please tell us how and when you entered the armed forces.** Give most important highlights of your career.

17. **Please describe your spiritual journey to Christ.**

18. **What challenges do you face in living the Christian life in the armed forces?**

19. ACCTS will cover the costs of participants during Interaction. Concerning travel, please mark one applies:

_____ I will arrange and pay for my travel, or ask my government for assistance.

_____ I will raise \$_____ US dollars and request help from ACCTS for the rest. Note: although we will do our best, we can't guarantee we will be able to raise these funds.

_____ I understand that I am responsible for a \$50- registration fee upon arrival at the Interaction.

20. ACCTS has assembled a capable and responsible staff for Chaplains Interaction. Even so, there are inherent risks involved in several categories: terrorism, transportation, health, and recreation. ACCTS is doing what it can to reduce the risks involved with this program. Please type in your initials here _____ to acknowledge that you have read this paragraph and understand it.

21. If possible, attach a recent digital photograph of yourself and your spouse (if attending) to this email, or mail in a photo as soon as possible to: ACCTS, PO Box 27239, Denver CO 80227-0239.

22. Type your name here as an electronic signature: _____

The information requested in this registration form and the photographs are needed for emergencies, to obtain permission to visit military facilities, and to raise funds for Chaplains Interaction 2010.