

Interaction - RMH Registration Form

1. Rank (branch), Full name (Family name first)

Will Attend [] yes [] no (NOTE: If unable to attend just check "no" and return)

2. Spouse's full name: (If applicable)

3. Children's name and age (If applicable)

4. Mailing address

5. Home address (If different)

6. Telephone numbers:

Home: _____ Work: _____

FAX: _____ E Mail: _____

7. Date of birth (in this format Month/ Day/ Year): _____

8. Place of birth: _____

9. Passport number: _____

10. Expiration date: _____

11. Name, address, phone number(s) and relation of a person to contact in case of an emergency.

12. Information for medical care:

Blood type: _____ Medicines: (Prescriptions) _____

Allergies: _____ Medical problems: _____

13. Tell us about your present role in your country's MCF Ministry and how your participation in Interaction will help your MCF.

14. How and when did you become a Christian?

15. How has being a Christian affected your military career?

Note: Please follow the links below to get the following important documents:

- [Message to Participants](#)
- [Release Form](#)
- [Risk Assessment](#)
- [RMH Packing List](#)
- [Spring Canyon Waiver](#)
- [RMH - Schedule](#)
- [Interaction Schedule](#)
- [Noah's Ark Release Form](#)

16. Concerning travel and program, please check all that apply:

- I will arrange and pay for my travel
- I will arrange and pay for the cost of the program
- I will raise \$_____ US Dollars and request help from ACCTS for the rest.

Please note that although we will do our best we cannot guarantee that we will be able to raise these funds.

17. I understand that some of the activities during this program are strenuous and complicated and require good physical conditioning and a good command of the English Language.

18. I have translated and read the attached documents in my language.

19. I understand the activities during this program will require the proper gear to fully enjoy the experience. I have reviewed the packing list.

20. ACCTS has assembled a capable and responsible staff for the Interaction – RMH program. Even so, there are inherent risks involved in several categories: terrorism, transportation, health and recreation. I acknowledge by signing the attached release form that ACCTS, as an organization, is doing what it can to reduce the risks involved with this program.

21. I understand that ACCTS will provide Health Insurance for the duration of the program but dental insurance is not included.

(Signature) _____ (Date) _____

Note: Please include with this form a copy of your passport, visa, a picture, biography, testimony, and release form. Return them to:
 Emanuela Kalemi Haien
 PO Box 27239,
 Denver, CO 80227 USA
 Fax: (303) 986-4710
 E-mail: webmaster@accts.org

Do not fill anything beyond this point. For office use only.

<input type="checkbox"/> Passport	<input type="checkbox"/> RMH Packing List
<input type="checkbox"/> Visa	<input type="checkbox"/> Spring Canyon Waiver
<input type="checkbox"/> Picture	<input type="checkbox"/> RMH Schedule
<input type="checkbox"/> Biography	<input type="checkbox"/> Interaction Schedule
<input type="checkbox"/> Testimony	<input type="checkbox"/> Noah’s Ark Release Form
<input type="checkbox"/> Release Form	<input type="checkbox"/> Tickets
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Host Family

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