

Witness for Peace: LSP Mexico Delegation Application (Due Jan. 1, 2016)

Name: _____

Address: _____

Phone: _____ (day) _____ (evening)

E-mail: _____

Please tell us why you would like to participate in this delegation and any ideas you might have for sharing what you learn with fellow LSP members, and/or your community, when you return.

Date of Birth: _____ **Birthplace (City, State, Country):** _____

Passport #: _____ **Passport Expiration Date:** _____

General Health: Excellent Good Fair Poor

Allergies or Dietary Needs: _____

Do you have any physical weaknesses, allergies, disabilities, or illnesses that would impact your mobility on this delegation? No Yes **(Please explain on reverse)**

Are you currently under a physician's care or receiving prescribed medication of any kind?

No Yes **(please explain on reverse)**

Have you been hospitalized for an emotional or mental illness or treated for drug or alcohol addiction in the past two years? If so, are you currently under a physician's care or receiving prescribed medication for this condition? No Yes **(Please explain on reverse)**

Whom should we contact in case of emergency?

Name: _____ Relationship to Delegate: _____

Address: _____

Phone: _____ (day) _____ (evening) E-mail: _____

Return application by Jan. 1, 2016, to Charlie Kersey, Land Stewardship Project, 821 E. 35th St., Suite 200, Minneapolis, MN 55407; or e-mail to lafinca@earthlink.net.