

OPERATION AMIGO BUILDING SOCIETY

REGISTRATION: (PLEASE PRINT)

NAME: _____ M/F

Surname _____ First Name _____

ADDRESS: _____

PHONE: _____ / _____ / _____
City _____ Prov. _____ Postal Code _____
Home _____ Work _____ Cell _____ Fax. _____
PASSPORT #: _____ BIRTHDATE: _____ MM/DD/YY

CITIZENSHIP: _____ NATIONALITY: _____

DEPARTURE DATE: NOV / JAN / MAR

(PLEASE CIRCLE PREFERRED MONTH)

SIGNATURE: _____

\$50 CDN NON-REFUNDABLE DEPOSIT MUST ACCOMPANY REGISTRATION
\$400.00 US CASH ON THE DAY WE LEAVE

In Case of Emergency Contact:

NAME: _____ Relationship: _____
CONTACT PHONE #: _____

MEDICAL INFORMATION:

Any Allergic Reactions to Penicillin or other Medications?

Any Other Allergies? _____

Please indicate any pertinent medical, social or emotional information (confidential) _____

WAIVER FORM

In consideration for participating in Operation Amigo I assume responsibility for all my actions while traveling to and from or engaged in an activity under the supervision of its directors.

Furthermore I release Operation Amigo trustees, directors, corporation members, staff and agents from any loss, personal injury, accidents, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

Participant Signature: _____ Date: _____

IF YOU ARE UNDER THE AGE OF 18, CONSENT OF A PARENT OR LEGAL GUARDIAN IS REQUIRED

Guardian's Signature: _____ Date: _____

SEND
REGISTRATION FORM
& DEPOSIT TO:
AL & MIRIAM CARRUTHERS
P.O. BOX 9063
SYLVAN LAKE, ALBERTA
T4S 1S6

OUR
CONTACT
INFORMATION:
AL & MIRIAM CARRUTHERS
P.O. BOX 9063
SYLVAN LAKE, ALBERTA
T4S 1S6

OFFICE: (403) 887-1860
OFFICE FAX: (403) 887-1740
HOME: (403) 887-4670
HOME FAX: (403) 887-4670

*Truth in
Action*



Registration Form

Join us on a service
project in
Juarez, Mexico

IT WILL CHANGE YOUR LIFE!

