

Please print and mail form to: Holt International

Holt International Korea Gift Team Tour PO Box 2880 Eugene, OR 97402

Korea Gift Team Tour Registration

Print your complete name exactly as it appe	ears on your Passport (1	LAST, First, Middle):		
Permanent Mailing Address, City, State, Zip	:			
Primary Phone:		Cell Phone:		
E-Mail:		Prefered Name for Tour Name Tags:		
Occupation:		Education (if currently in school):		
Gender You Identify As:	Date of Birth:		Age at Time of Tour:	
Passport Number (Please include all number	rs, including zeros):	Expiration Date:		
		a. If you do not have a par er as soon as you receive	assport, you must apply immediately, and	
11	othy froit of the number	er as soon as you receive	II.	
Please indicate which information you authorize Holt International to release to members of your tour group:	Your name:	Cell Phone: E-Mail: Home Phone:	Age: Please DO NOT release my information:	
In case of emergency, please list at least one	family member NOT jo	oining the tour.		
Name:			Relationship to you:	
Address:				
City:	State:		Zip:	

Medical Information: Please print clearly and fill out the entire form. Please attached a separate page, if needed. Holt is requesting this as part of your background information but makes no claims regarding the provision of medical services. Holt staff and tour operators are not medical professionals and are unable to offer medical intervention beyond assisting afflicted travelers to obtain care at a treatment facility. If you require either prescription or over the counter medications you should travel with a supply that exceeds your needs for the expected length of the trip. Assume that any medications available in the U.S. are unobtainable during travel. Know your insurance coverage's conditions regarding health care while you are out of the country. This information will remain confidential. Please list current medications, including dosage & reason for taking: Please describe any known medical conditions that are currently under treatment or being monitored: Please list current ALLERGIES to medications, food, insects, or other substances: Do you have any dietary restrictions? Meals typically consist of beef, fish, pork, vegetables, rice and soup. (Please be aware that alternatives may be unavailable or very difficult to arrange.) Do you have any physical limitations that may limit your participation in physical activities? Have you received any psychiatric, psychological or counseling treatment during this last year? If yes, please explain. Any other major illnesses, surgeries, treatments, hospitalizations or conditions that we should be aware of? If you have a history of any of the following conditions, please explain: Arthritis Allergies Asthma Cancer Depression Diabetes **Epilepsy Heart Disease** High Blood Pressure Substance Abuse Psychiatric Disorder

Rheumatism

The Korea Gift Team Tour can be both exciting and challenging. It will undoubtedly be one of the most profound experiences in your
life. You may encounter things that you may only have imagined: Aspects of another culture, a connection to a heritage you might not
know much about, and new feelings you might not have expected. On this trip you will probably experience a wide range of emotions,
joy to sadness, as you interact with children and families living in poverty. Some days can be physically and/or emotionally strenuous,
with long bus rides and walks, and very hot, humid, and at times rainy weather. Food will be different from what you have experienced
in the USA. Please understand that though you may have special dietary requirements, you may not always get what you want. The
most important thing is to be flexible and keep an open mind. You will be a guest in a foreign country, and the rules at home may not
apply. The following questions will help us get to know you better, and help you think about how you will handle these new and
exciting experiences. You are welcome to use additional pages.

Please share your hopes and expectations for your trip to Korea.						
Have vou ever travele	ed to a foreign country? W	hat was it like for vou	?			
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Please print and mail your completed form to:

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You may wish to complete all trip forms and mail them all at the same time. Please keep a copy for your records.