

TORCH APPLICATION FORM
Cost of trip depends on city of origination

Date of torch trip _____

Email address _____

Name _____ Date of Birth _____ Age _____

Street Address _____

Home Phone _____ Cell Phone _____

Social Security Number _____

Passport Number _____ City Issued _____

Date Issued _____ Expiration Date _____

Are you a Christian? Yes _____ No _____

Name of Church you attend _____

Address of Church you attend _____

Male _____ Female _____ Adult _____ Teen _____ Child _____ Single _____ Married _____

If married are husband and wife on the trip together?? Yes _____ No _____

Do you prefer staying with your spouse on the trip? Yes _____ Will Chaperone _____

Adults occupation _____

Students academic classification & name of school _____

Languages you speak _____

Foreign Countries you have visited _____

Are you in good physical condition? Yes _____ No _____

Are you taking prescription medication on a regular basis? Yes _____ No _____

If yes, List medications and conditions being treated _____

Allergies _____

Adult T shirt size Small _____ Medium _____ Large _____ XLarge _____ XXL _____

I have read and accept the conditions listed in the information section of the TORCH Program

Signature

Date

IMPORTANT

1. Everyone traveling must fill out an application
2. This application must be accompanied by:
 - a. \$150 deposit
 - b. Spanish Parent consent form, signed and notarized
 - c. Copy of your passport
 - d. One Passport sized photo
 - e. Letter of recommendation for TORCH trip (if it is your first trip)
 - f. Essay: Why do you want to participate in this trip