



ARDF®

ARDF Vision Trip
Participant Information Sheet

Yes! I am excited to join ARDF on a Vision Trip!

Name (as written on passport):

Street Address:

City:

State:

Zip:

Email:

Best Phone Number:

Attach a copy of your passport front page OR

Date of Birth:

Passport Number & Country of Issue:

Passport Expiration Date:

Emergency Contact Name, Relationship and Number:

Have you purchased your international flight?

If so, attach your itinerary or summarize here:

Have you purchased trip insurance for your flight? Y/N

ARDF will purchase basic medical evacuation insurance for you. Do you want more information about additional insurance options? Y/N

“Blessed are those whose strength is in you, whose hearts are set on pilgrimage.” Psalm 84:5

How did you hear about this Vision Trip?

Please tell us why you feel called to join this trip:

Church Home (name, city, state):

Anything else you want us to know?

Refer to the specific trip itinerary for deposit amount & payment deadlines.

Email to: flora@ardf.org OR mail to:

Anglican Relief and Development Fund

Attn: Flora Galbraith

800 Maplewood Avenue

Ambridge, PA 15003

Office Phone: 724-251-6045

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