

# ACCTS Exploration Program (AEP) Application Form

1. Full Name (last, first, middle initial)

2. Rank, branch of military, and college/university/service academy (if applicable)

3. Mailing address

4. Contact information: telephone numbers/email/Skype name:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

E Mail: \_\_\_\_\_ Skype name: \_\_\_\_\_

5. Date of birth (Month/ Day/ Year): \_\_\_\_\_

6. Place of birth: \_\_\_\_\_

7. Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

8. Spring Break dates (including earliest day/time you can depart on this trip)

9. Name, address, phone number(s) and relation of a person to contact in case of an emergency.

10. Information for medical care:

Blood type: \_\_\_\_\_ Medicines: (Prescriptions) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical issues: \_\_\_\_\_

11. What made you interested in participating in this Christian leadership trip?

12. How do you see your faith relating to your role as a future leader?

13. What other countries have you visited and what did you like the most about your trip?

**14. Concerning travel and program:**

a. Total cost of this program varies by trip/destination, but is usually around \$2000; a final price will be established NLT 3 months prior to departure. I understand that I am responsible for a \$100 Registration Fee due with this application. (Please note that the registration fee is nonrefundable after 1 November 2015 but it will be applied toward the cost of the program.) A 50% deposit is due by 1 January 2016. The final payment of the remaining balance is due NLT 45 days prior to departure.

**[Note: You can pay by various means at: <http://www.accts.org/donate.html>. Please mark the category "ACCTS Exploration Program". If you want to pay by check, write the check to "ACCTS" and put your name on an accompanying note.]**

b. I have read, understood and signed the release form (below)

c. I voluntarily waive, release and discharge ACCTS and its staff from any and all liability, claims, demands, or causes of action which are in any way, directly or indirectly, related to arise from, or are in any way connected with my participation in any Waterloo to World War II activity.

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Signature / Date

**Note: Please sign and return this form by fax or hard copy to:**

ACCTS

PO Box 27239,

Denver, CO 80227 USA

Attention: Director

Fax: (303) 986-4710

E-mail: [d2mills@integrity.com](mailto:d2mills@integrity.com)