

# Waterloo to World War II (W2WWII)

## Application Form

1. Full name (last, first, middle initial):

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2. Rank and branch of military:

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3. Mailing address:

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4. Contact information:

Home Phone(s): \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Skype ID: \_\_\_\_\_

5. Date of birth (month/day/year): \_\_/\_\_/\_\_\_\_

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

7. Passport number: \_\_\_\_\_

8. Emergency contact (name, address, phone numbers, and their relationship to you):

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9. Medical Information:

Blood type: \_\_\_\_\_ Prescription medicines: \_\_\_\_\_

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

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

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10. What makes you interested in participating in this Christian leadership trip?

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

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12. What other countries, if any, have you visited? What did you most appreciate about those countries?

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13. Concerning travel and the program:

a. Total cost of this program is \$2,300. I understand that I am responsible for a non-refundable 50% deposit (\$1,150) by 21 December 2018. The final payment of the last \$1,150 is due by 1 March 2019. (Note: You can pay by various means at [www.accts.org/donate](http://www.accts.org/donate). 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. \_\_\_\_\_ (initial)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send and return this form by email to [director@accts.org](mailto:director@accts.org), by fax to 303-986-4710, or hard copy to Colonel Exner, ACCTS, PO Box 27239, Denver, CO 80227-0239.