

27th Annual Trip to Korea for Christian College Students Registration Form

Name(Eng):		Name(Korean)	
Passport (Full) Name as shown on document:			
Home Address:			
Phone:		Korea Contact:	
Email(Students):		Email(Parent):	
School		DOB	
Grade		Sex	
Church		Pastor	
Father		Mother	
Health Insurance Name:		Policy#:	
Do you take any medicine? If so, please describe here:			
Contact Physician's Name & Ph#:		Allergies (provide details):	
Passport Number:		Expiration Date:	
Which language do you speak? English only () Korean only () Both ()			
Travel Time: June 16(Tue) – June 30(Tue) ,2015(Korea Time)			
Mail with \$400 (including Pusan – Jejuo – Kimpo air ticket) check payable to NKPM, Mail to Mr. Jong Chung 271 E. Railroad Ave #101, Bartlett, IL 60103 (Cell) 847-912-4532, Email: j.schung271@gmail.com			
The Due date for Registration is May 2, 2015 or First 25 students			
Registration Form must include (1) Copy of Passport (2) Covenant Form (3) Liability Form. Recommended: Travel Insurance.			
Contact	Dr. Um Jae:407-670-4552, jum00@yahoo.com ,		
Visit www.NKPM.ORG for detail information or down load form			
Signature:		Date:	

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