Chi Alpha Expeditions
Expedition Team Sheet

Team Leader Information:
Name _____
Address _____Apt. # _____
City _____State _____ Zip _____
Best Contact Number _____
Email Address _____
University/College _____
Do you or anyone on your team have a national chi alpha account? ☐ yes ☐ no
If yes, Please "*" them below.

Trip Information:
Destination: _____
Date of Departure: _____ Date of Return_____
AG Host Missionary/Church (REQUIRED) _____
Have you either enclosed a copy of the letter of invitation from your host missionary or emailed it to go@xaexpeditions.com? ☐ yes ☐ no

Team Members: (Include Team Leaders Name)
Name Email Birth Date
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(If more space is needed please attach an additional sheet.)

Campus Pastor Approval:
By signing below, I am agreeing to the face that all team members, including the team leader, are physically, emotionally, and spiritually fit to serve on a cross cultural expedition and that I will ensure proper preparation for the trip.

_____
Campus Pastor Signature Printed Name Date

** Some frequent travelers with the AG may have obtained a "Volunteer Card" which has a number. Place the number on the line. Travelers with this card, we do **NOT** need a new registration for them, just a copy of their card, write their birth date and emergency contact name and number directly on the copy and send that in as their registration **WITH** the Model Release Form.