BRAZIL 2026 VOLUNTEER INFORMATION FORM

Please complete and **return promptly** by mail or e-mail

_____ _____ _____ _____

(Full Name) First Middle Last Date of Birth

_____ _____ _____ _____

Address City State Zip

_____ _____ _____

Telephone (Cell) Work Email

_____ _____ _____

Passport Number Passport Expiration Date Place of Passport Issue

_____ Do you have a valid Brazilian Visa? If Yes, date of Visa Expiration

# of Blank Passport Pages ☐Yes ☐No _____

Have you previously been to Brazil? ☐Yes ☐No

If "Yes", what year(s)?_____ What main city did you visit? _____

_____

Preferred U.S. City of departure

Do you know a person with whom you plan to share a room? ☐Yes _____ ☐No

(private/single rooms are available for an extra charge) Name

_____ _____

Home Church Address

Person to be contacted in case of emergency:

Name _____ Phone Number _____

Address _____ Work Number_____

Name and relationship of person to be listed as beneficiary on the accidental/life insurance policy.

Name_____ Relationship _____

Have you had a tetanus shot or booster within the past 8 years? ☐Yes ☐No

T - Shirt Size **S M L XL XXL 3X**

Please register me for the following itinerary:

_____ **July 10 – 21** Trip to Campinas Only - Cost $2,895 (Prices Will Vary Based on Airline Booking)

_____ **July 10 - 22** Campinas + Extension to Iguacu Falls $3,495 (Prices Will Vary Based on Airline Booking)

Please indicate your desired ministry by marking your 1st, 2nd, and 3rd choice:

____ Preacher ____ Doctor ____ Dentist. ____ Nurse ____ Evangelistic Home Visits

____ Music ____ Construction ____ Drama ____ Sports Team ____ Vacation Bible School

____ Street Evangelism ____Other (Describe)_____

Please enclose a $1,500 deposit to secure your reservation. Make your payment to "Harvest Hands Ministry". Send it to Dwight Lowrie, P. O. Box 5413, Texarkana, TX 75505. The remaining balance will be due as soon as possible.