

# Costa Rica 2019 Team Member Data Sheet

Full Name as it appears/will appear on your passport

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## Passport Information

- # \_\_\_\_\_
- Country of Issue: \_\_\_\_\_
- Date of Issue: \_\_\_\_\_
- Date of Expiration: \_\_\_\_\_

## Email

Student \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

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## Phone Number

Student \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

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T Shirt Size \_\_\_\_\_

Basic traveler's insurance is purchased for each team member.

Please give full name of desired beneficiary: \_\_\_\_\_

If you have any questions please call Pam Keller at 443-974-4313  
or email: [pkeller@chapelgateacademy.org](mailto:pkeller@chapelgateacademy.org).