

# El Salvador Relational Trip Registration



**November 16-20, 2016**

The goal of the Church of St. Dominic's Mission Program in El Salvador is to live in solidarity with members of our sister parish, Santo Domingo, in Chiltiupan, El Salvador, whereby we may see the face of Christ in our Salvadoran sisters and brothers, in ourselves, and in all whom we meet. We seek to strengthen the bonds of friendship between our two parishes through prayer, relational delegations, medical delegations, youth delegations, education, scholarship, microfinance, healthcare, infrastructure, faith, and justice.

## **INSTRUCTIONS:**

1. Pray and discern if God is calling you to participate in this delegation. (God is!)
2. Please complete this registration packet in its entirety.
3. Ensure your passport is valid and up-to-date (or proceed to purchase one immediately.)
4. Cost of this trip is \$1,300 including airfare, lodging, ground transportation, and meals.
5. Registration deadline is August 1, 2016. Please submit all materials to Jodie Bowers, Pastoral Associate. For more information, email [Bowers.Jodie@gmail.com](mailto:Bowers.Jodie@gmail.com) or call 216-991-1444x111.

## **What will we be doing on this Relational Trip?**

- Living in "covenant relationship" with the people of Santo Domingo in Chiltiupan, El Salvador.
- Building relationships, not constructing or fixing buildings or physical structures.
- Visiting homes, schools, and communities whereby we may share in the hopes and joys, struggles and fears of our Salvadoran sisters and brothers.
- Celebrating Mass and breaking bread as one Eucharistic family living the mission of Christ.
- Visiting the sacred sites of the martyrdom of Archbishop Oscar Romero, the four American Churchwomen, and the six Jesuit priests.
- Exploring the complex history of El Salvador, its civil war, poverty, and injustice.
- Learning the culture, customs, and rich traditions of the Salvadoran people.
- Growing in faith with God and one another.

*Join Fr. Tom on this delegation!  
Answer the question, "Who is my neighbor?"*

## Important Information and Dates

### Quick Facts

- St. Dominic has been sending delegations to El Salvador since 2004. Parishioners love the trip and often comment it is a life-changing experience.
- Safety is paramount. Our top priority is to ensure the safety of our parishioners. We have never had any issues on any of our trips.
- Speaking Spanish is helpful but it is not necessary. Translators will be with our group throughout the trip.

### Pre-trip

- Pray.
- Attend and participate in all pre-trip Masses and meetings.
- Complete all required reading and preparation.
- Be open about your faith, hopes, joys, struggles, and sorrows.
- Participate in faith-sharing and reflection.
- Ensure your vaccinations are up-to-date: (Tetanus & Hepatitis – We recommend following your physician’s instructions. We are NOT in an area with Malaria.)
- Ensure your passport is up-to-date and valid.
- Reflect on the question, “Who is my neighbor?”

### On-site

- Pray.
- Live in solidarity and community with the people of Santo Domingo in Chiltiupan.
- Respect the rich cultural traditions and customs of the Salvadoran people.
- Serve whenever and wherever possible.
- Act with grace and reverence realizing that I am on Holy Ground.
- Journal and reflect on my experiences.
- Participate in faith-sharing, Lectio Divina, and reflection.
- Reflect on the question, “Who is my neighbor?”

### Post-trip

- Pray.
- Attend and participate in all post-trip Masses and meetings.
- Continue to journal and reflect on my experiences.
- Participate in faith-sharing and reflection.
- Use this experience as a springboard toward deeper involvement in the Parish with other members of my trip.
- Share this experience with the St. Dominic Community through parish gatherings and presentations.
- Use this experience as a catalyst to change unjust structures in my community & world.
- Reflect on the question, “Who is my neighbor?”

### Mandatory Dates

August 1, 2016 – Relational Trip Registration Deadline, \$650 deposit due.  
October 5, 2016, 7:00pm in the Small Meeting Room – Relational Trip Meeting #1, \$650 balance due.  
November 2, 2016, 7:00pm in the Small Meeting Room – Relational Trip Meeting #2.  
November 9, 2016, 7:00pm in the Large Meeting Room – Relational Trip Meeting #3 / Packing Party.  
November 13, 2016, 11:15am – Commissioning Mass  
November 16, 2016 – Depart for San Salvador, approximately 6:00am.  
November 20, 2016 – Return from San Salvador, approximately 11:30pm.  
TBD, 7:00pm – Reunion Gathering. Small Meeting Room.

**REGISTRATION – PLEASE SUBMIT THE FOLLOWING PAGES BY AUGUST 1ST**

Last Name: \_\_\_\_\_  
(please type or print as it appears on your passport)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Complete Mailing Address:

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(please include area codes)

Business Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Languages spoken (Note - Speaking Spanish is helpful but not necessary):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

I do \_\_\_\_\_ / do not \_\_\_\_\_ have a valid passport. (If I do not have a passport, I am willing to purchase one immediately.)

Passport number: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_

I prefer aisle \_\_\_\_\_ or window \_\_\_\_\_ seating on the airline. (We cannot guarantee this choice but will make an attempt to reserve your preferred seat location.)

United Airlines MileagePlus (frequent flyer) Number: \_\_\_\_\_

Delta Airlines SkyMiles (frequent flyer) Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**INSURANCE & MEDICAL INFORMATION**

Name of health insurance carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Group Number (if applicable): \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_

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

Medications: \_\_\_\_\_

Chronic Illness/Injury: \_\_\_\_\_

**Church of St. Dominic**  
**El Salvador Acknowledgement, Release and Permission Form**

I grant (print name) \_\_\_\_\_ my permission to take part in the El Salvador trip offered through the Church of St. Dominic and its partners in mission. While I understand that every effort is made for parish events and immersion trips, on or off parish premises, to be safe, I acknowledge that any activity of this sort involves a degree of risk of injury or illness, and that my participation in the activity is at my own risk. I understand that the Church of St. Dominic's only responsibility is to make reasonable efforts to contact my family and seek appropriate care for me.

I represent that I have had such medical physical examination as I deem necessary to assure that I am physically able to participate in this activity and that I have disclosed to the parish such medical information as I deem appropriate. I acknowledge that I have submitted accurately the insurance, medical, and emergency contact information included in this application. I understand that I must adhere to all safety rules and parish regulations or be excluded from participation in this activity.

I understand that me, or my likeness, may be photographed, videoed, or recorded and such media may be used and distributed by the Church of St. Dominic and its partners in mission for purposes related to this activity and parish business.

I, in consideration of being permitted to participate in this activity, assume all the risks associated with participation in this activity, and specifically release, discharge, indemnify and hold harmless the Church of St. Dominic, and its officers, directors, members, volunteers, employees, constituents, partners in mission, and any other persons or parties connected with this activity in any way whatsoever, jointly and severally, from and against any and all blame or liability (including negligence) for any injury, illness, misadventure, harm, loss, inconvenience or damage to person or property sustained as a result of taking part in this activity and all activities and events associated with it, including travel to and from this activity.

Participant Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if participant under age 18):

\_\_\_\_\_ Date: \_\_\_\_\_