



Group Application

This application is for teams that want to serve the people of La Limonada through Lemonade International for two weeks or less.

Team Leader Information

First Name: _____	Middle: _____	Last: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Email Address: _____		Phone Number: _____
Birthdate (MM/DD/YY): _____	Sex: _____	Current Citizenship: _____

Sponsoring Organization/Group Information

Organization/Church Name: _____			
Street Address: _____			
City: _____	State: _____	Zip Code: _____	
Contact Person (if different from above): _____			
Position: _____			
Email Address: _____		Phone Number: _____	
Proposed dates of service in La Limonada: _____			
Estimated Number Of Individuals: _____	Age Range Of Team Members: _____		
The Team Will Be Serving In La Limonada In The Following Capacity (check all that apply):			
<input type="checkbox"/> Outreach For Children	<input type="checkbox"/> Work/Construction	<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Other: _____

Travel Information

How did your organization/church hear about Lemonade International? _____

Have members of your team served internationally before? If, so when, for how long and in what capacity?

Do any team members speak Spanish? If so, at what level? _____

List any skills, talents, and experiences represented by the team that will be helpful in your service to the people of La Limonada: _____

Share what the motivation of the team is in desiring to be in Guatemala and serve the people of La Limonada: _____

Funding

How does your team plan to fund the entire cost of the trip? _____

For consideration of the acceptance of my application, I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for injury or illness (including death) whether physical, mental, or emotional, or property damage or loss of any nature, which I, or any team member from our organization, may have or which may hereafter accrue to me, or any team member from our organization, against Lemonade International, their members, officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my associations with and/or arising out of my traveling to, participation with, and return from any Lemonade International work, services, or activities.

I hereby acknowledge that I have answered the previous questions honestly and accurately to the best of my ability.

Name of Organization Representative

Signature

Date

Thank you for your time and thought in completing this application. Please return the completed application a minimum of 90 days prior to the proposed date of your trip along with a non-refundable deposit of \$100 (which will be applied to the administrative fee for your group) to Lemonade International.

Please submit this application to:

Lemonade International
Attn: Bill Cummings
PO Box 26204
Raleigh, NC 27611
Phone: (919) 848-1553
Email: bill@lemonadeinternational.org