



Questionnaire for Team Captains (Honduras & Nicaragua)

Please complete this questionnaire no less than eight (8) weeks prior to departure and send it to the Team Activities Department.

Team Captain's Name: _____

Date your Team's Cargo will be taken to New Orleans NAVIVAN): _____

List any extra facilities your team will need (e.g. children's church, health classes, etc.)

Any Special Requests:

How many translators will your team need **including** the 2 provided by the mission? _____ (Honduras- \$75-\$110; Nicaragua- \$130)

Honduran and Nicaraguan law requires each team to have at least one National doctor and dentist. You may hire additional National doctors and dentists if your team so desires. If you would like to hire additional National doctors or dentists, note how many below:

1 required National doctor **plus** _____ additional doctor(s) for a total of _____ National doctor(s)

1 required National dentist **plus** _____ additional dentist(s) for a total of _____ National dentist(s)

How many boxes are stored in our warehouse for your team from previous year?

Will your team be bringing food on the plane on day of travel? YES NO

If so, please provide the TAD a copy of the inventory that lists the brand name, quantity, and expiration date of foods, no later than 3 weeks before departure.

******* How many and what are the identifying marks or numbers on boxes your team shipped and will need for lunch on the first day of travel to the village?.

Would you like to purchase beans & rice for the people in the village? YES NO

If so, please indicate the donation amount for the beans & rice \$ _____

Complete the Field Pharmaceutical Order Form in the Pharmacy section and attach to this form.

Please give the name and all phone numbers (with area code) of your team's designated emergency contact:

Name: _____ (print clearly please)

Day: () _____ Cell: () _____

Email: _____