

 CRIMEX APPLICATION FORM

Name: _____
Street Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email Address: _____

Please supply us with the following information:

Your Age: _____
Known Allergies: _____
Dietary Needs: _____
Emergency Contact (Name/Phone): _____

If you are a seminarian, please provide the following information:

Permanent
Street Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax _____
Email Address: _____
Seminary: _____
Diocese: _____
Phone: _____ Fax _____
Email: _____

Vocations
 Director/Office: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Dear **CIRIMEX**: I am very interested in participating in the CIRIMEX SPANISH LANGUAGE/CONTEMPORARY CULTURE TRAINING PROGRAMS in Guadalajara, Jalisco, Mexico. I have described the course I am interested in by indicating my selection below.

KINDS OF COURSES (choose one)

- | | |
|--|---|
| <input type="checkbox"/> General Language Refresher Course | <input type="checkbox"/> Experience-Oriented Course |
| <input type="checkbox"/> English for Spanish Speakers | <input type="checkbox"/> Pre-Formed Group |
| <input type="checkbox"/> Speaking Spanish Workshop | <input type="checkbox"/> Text Editing |
| <input type="checkbox"/> Speaking Spanish Follow Up | <input type="checkbox"/> Private Retreat |
| <input type="checkbox"/> Professionally-specific language course | <input type="checkbox"/> Small Group Retreat |
| <input type="checkbox"/> Please specify field and area: | <input type="checkbox"/> Company-specific Language Course |
| | <input type="checkbox"/> Please specify field and area: |

If registering as a pre-formed group, please also indicate the kind of course desired. Please name participants

1. _____
2. _____
3. _____

LENGTH OF COURSE: I want a program that is weeks or months long.

CALENDAR DATES: I want to begin my program on and end on

LODGING PREFERENCES

- ☐ Hotel
- ☐ Seminary
- ☐ Home Boarding

PAYMENT OF TRAINING FEES I have sent my check for \$200.00 (U.S. Currency) to the CIRIMEX Administration Office (205 Hill Avenue, Ottumwa, Iowa 52501). I understand that the entire amount will be refunded if I am not assigned to a course that accommodates the choices I have indicated above unless after reconsidering I have agreed in writing to accept other alternatives. I understand that my \$200.00 deposit becomes non-refundable when my course selection and my registration/reservation is confirmed at the CIRIMEX Administrative Office. I also understand that the remaining portion of the Training Fee, the tuition, must be received by the CIRIMEX Administrative Office at least 2 weeks before the opening date of the course. I understand that CIRIMEX will accept payment for home boarding fees and will pay the host family. I will pay all non-CIRIMEX related service purveyors directly-e.g. transportation, lodging, meals, etc.

ACKNOWLEDGEMENT OF RISK, DISCLAIMER AND RELEASE

I, , acknowledge that I understand the risks associated with participation in the CIRIMEX programs which include travel to, a period of stay in, and travel in Mexico which involves potentially greater risks than participation in and travel related to such a program in the United States. With knowledge of the risks associated with participating in this program, I hereby assume and accept on behalf of myself, my heirs, successors, assigns, employers, personal representatives, executors and beneficiaries all risks and liabilities resulting or arising out of my participation in CIRIMEX programs and do hereby discharge, release and agree to hold harmless the Center for International Resources, Inc., CIRIMEX, and any and all of its officers, employees, Board of Directors, agents, heirs, successors, assigns, executors, personal representatives, and beneficiaries from and against any and all risks, causes of action in law and equity, suits, debts, liens, indemnities, obligations, promises, demands, liabilities, damages, losses, costs or expenses of any kind whatsoever, known or unknown, fixed or contingent, anticipated or unanticipated, which I have or may have against any of the parties hereby, in any way relating to, resulting from or arising out of my participation in subject Programs.

IN WITNESS WHEREOF, I hereby place my hand and seal on this _____ day of _____,

20_____ (seal)

SIGNED _____

DATE _____

Please mail completed application with your registration fee of \$200.00 (U.S. Currency) to the address below:

CIRIMEX Administration Office

Mary F. Pester, Assistant Director, 205 Hill Avenue, Ottumwa, Iowa 52501

Phone: 641-682-4264 / Fax: 641-684-4690 / E-Mail cirimex@aol.com or cirimex@g.com