



**Registration/Medical Information Form: Honduras Trip Date \_\_\_\_\_**

\_\_\_\_\_  
**Name as on Passport :** Last      First      Middle      Name called

\_\_\_\_\_  
Address: Street      City      State      Zip

\_\_\_\_\_  
Your Phone #      Sex (M-F)      Birthdate      Passport #      E-Mail

\_\_\_\_\_  
Person financially responsible for this participant      Phone #      E-Mail

\_\_\_\_\_  
Relationship      Occupation      Traveler's T Shirt Size

\_\_\_\_\_  
Employer Phone      Beneficiary for short term missions insurance

\_\_\_\_\_  
Employer Address: Street      City State      Zip

**CANCELLATION POLICY:**

**The nonrefundable deposit is NEVER refunded. If cancellation is 90 days or more before the trip 75% of total trip can be refunded....89-61 days before the trip, 50% of total trip can be refunded.... 60-31 days before the trip, 25% of total trip can be refunded...30-0 days before the trip, no refund.**

**I am allergic to: Foods:** \_\_\_\_\_

**I am allergic to: Medicines:** \_\_\_\_\_

**\*\*\*PLEASE ATTACH A COLOR COPY OF YOUR PASSPORT AND ALTERNATE ID ON ONE PIECE OF PAPER**

I \_\_\_\_\_ being legal guardian of \_\_\_\_\_ do hereby give permission to the chaperones Hearts2Honduras to obtain emergency medical treatment for my child, if needed on the 2015 Honduras Mission Trip.

\_\_\_\_\_  
Signature of parent/guardian      Date