

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

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

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Address: Street City State Zip

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation Traveler’s T Shirt Size

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Talent to share Beneficiary name for our short term missions insurance

**Are you interested in sponsoring a child’s education? Yes or No Male or Female?**

**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 FILL OUT ALL LINES AND ATTACH A COLOR COPY OF YOUR PASSPORT AND ALTERNATE ID ON ONE PIECE OF PAPER\*\*\***