

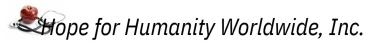
P.O. Box 450391 Sunrise, FL 33345

Website: www.hopeforhumanityworldwide.org E-mail: hope4humanityworld@g mail.com

TRIP APPLICATION FORM

Please complete and return by January

Name	Date of Birth						
Address_		(City	State	Zip _		
Nationality		Type of Pa	Type of Passport			_ Alien Registration	
Passport #			Passport Expiration Date				
Alien Registration #			Ex	oiration date			
Telephone (H)		Work#	3/4	Cell #			
Email:			(7)		5 20		
Occupati	on/Specialty		2				
Name of	Current Employer						
Address	of Current Employ	er		9			
Employ	er Telephone #		E-mail:				
List minors that will accompany you on the Mission trip A form must completed by all adult participants							
	N	ame	Age	Relationshi	0		
		-					
		+				- ·	
		tact Telephone Numl					
Brief Me	edical History						
Routine	Medications						
Signatur	e of applicant		D	ate of signature			



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PAYMENT DEADLINES & REFUND POLICY

Make All checks payable to Hope for Humanity Worldwide Inc.

Please make payment on or before the due dates. Untimely cancellations will result in no refund and will be considered a donation for ministry use (See refund policy).

1st Down payment - \$100.00 due by February15, 2024
This is non-refundable after 30 days of signing your trip application form.

2nd Down payment - \$300.00 Due April 30, 2024

3rd Down payment - \$300.00 Due May 31, 2024

Hope for Humanity Worldwide, Inc. must pay deposits on the hotel rooms, transportation, and airfares (if booked by us). Late payments place both you and Hope for Humanity Worldwide Inc. at a disadvantage.

Please sign and return with your deposit of \$100.00	
I have read and acknowledged the refund policy.	
Signature:	Date