

# Hope for Humanity Worldwide, Inc.

P.O. Box 450391

Sunrise, FL 33345

Website: www.hopelqt humanityworldy lf g.org E-mail: hope4humanityworld@gmail.com

PLEASE		N FORM		
( 000.30	complete and retur	n by Janu	ary	
Name	Date of Birth			
Address	City		State	Zip
Nationality	Type of Passport		Al	ien Registration □
Passport #	Pa	ssport Expira	tion Date	
Alien Registration #		Expiration date		
Telephone (H)	Work#	7./kg	Cell #	
Email:			4	5 2
Occupation/Specialty			THE SECTION	
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Nam	ne A	\ge	Relationship	p
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Preferred Emergency Contac	ct Telephone Number _			
Brief Medical History				
Routine Medications				



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#### PAYMENTDEADLINES & 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 ministryuse (See refund policy).

1st Down Payment - \$100.00 Due January 30th, 2026

This is non-refundable after 30 days of signing your trip application form.

2nd Down Payment - \$350.00 Due March 30th, 2026

3rd Down Payment - \$350.00 Due April 30th, 2026

J qrg'for Humanity Worldwide, Inc. must pay deposits on the hotel rooms, transportation, cpf 'airfares (if booked by us). Late payments place both you and Hope for Humanity Y qt ff y lf g'Inc. at a disadvantage.

"Please sign and	d return with '	your depos	it of \$100.00.
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I have read and acknowledged the refund policy.

Signature:		Date
_	<del></del>	

#### PHOTOGRAPHY AND MEDIA RELEASE

I hereby give **Hope for Humanity Worldwide Inc.,** permission to use my picture or image, words, voice, and writings, in any and all future advertisement, website, and marketing literature or promotional videos for the Mission Trip and and other events sponsored and conducted by Hope For Humanity Worldwide, Inc.

Applicant's Name: \_\_\_\_\_