



## Registration Form

### Personal Information

Name (as it appears on passport) \_\_\_\_\_

Name you go by \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male/Female \_\_\_\_\_

Marital Status \_\_\_\_\_

Spouse's name \_\_\_\_\_

### Contact Information

#### Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

#### Phone

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Passport Information

Do you have a current passport with an expiration date that is more than six months beyond the end of the trip dates? \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on Passport \_\_\_\_\_

If you do NOT have a current passport, it is very important that you apply as soon as possible at the Post Office, and notify Hope and Help International as soon as you have received your passport.

### Office Use Only

Deposit \_\_\_\_\_ First Payment \_\_\_\_\_ Final Payment \_\_\_\_\_ Copy of Passport \_\_\_\_\_

**In Case of Emergency, Please Notify:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Health Information**

Preset state of health: \_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor

Are you presently under the care of a physician? If yes, please explain:

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

Are you under any medical restrictions or do you have any medical issues that would affect your participation in this trip? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

List all medications (prescribed or over the counter) you are taking \_\_\_\_\_

\_\_\_\_\_

List any allergies you may have \_\_\_\_\_

\_\_\_\_\_

**Roommate request** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_