

PROJECT H.O.P.E, INC. NICARAGUA MISSION TRIP

DUE DATE: APRIL 27, 2018

(All information to be kept in separate, confidential file)

Dates of Trip: 8/18/18 thru 8/25/18

Trip Leader: Jim McCoy (The Summit Church trip)

GENERAL INFORMATION

Name: (as appears on passport) _____

Name: (name tag purposes) _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Passport Number: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Is this your first trip with Project H.O.P.E? Yes No Legible Passport Copy? Yes No

EMERGENCY CONTACTS

Emergency Contact: _____

Relationship: _____ Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

MEDICAL INFORMATION

Blood Type: _____

Allergies (food, medicine, etc.): _____

Medication (name, dosage, times, etc.): _____

Physical limitations or other medical information that would helpful in case of emergency:

PRIMARY MEDICAL INSURANCE

Insurance Company: _____

Policy or ID Number: _____

Name of Primary Insured: _____

Insurance Contact Number(s): _____

INTERNATIONAL INSURANCE

For your convenience, Project H.O.P.E., Inc. will secure international insurance for you on your upcoming project. The coverage amounts to \$500,000 maximum benefit, with a \$250 deductible. (Detailed information about the policy can be found on our website at www.pjhope.org.)

Please provide the following information:

Age at the time of trip: _____ Insurance Effective: **8-18-18 to 8-25-18**

I understand that traveling abroad has specific risks, including, but not limited to, political unrest, natural disasters, and terrorism, and do hereby release and hold harmless Project H.O.P.E., Inc., its directors, its staff members, and all adult sponsors of this mission trip from any and every claim arising or which may be asserted by me or any of my family members, by reason of my participating in any activities or travel associated with this mission trip, including any claims for personal injury or loss of valuables of any kind. I also understand that due to these factors, it may be necessary to change travel itineraries and locations at the discretion of Project H.O.P.E. Inc., its directors, its staff members, and the adult sponsors of this mission trip.

I authorize Project H.O.P.E., Inc., its directors, its staff members, and all adult sponsors of this mission trip, in case of emergency, to give consent to a physician and/or hospital for emergency medical treatment, x-rays, surgery, prescriptions or other medical treatment on my behalf, while on the mission trip. I understand that I (in conjunction with my personal medical insurance) will assume any financial responsibility for any expenses that may be incurred for such medical treatment. By signing below, I also attest that I have been provided with information concerning international medical insurance.

I hereby release and hold harmless Project H.O.P.E. Inc., its directors, its staff members, and all adult sponsors of this mission trip, in the event I should acquire any diseases in the course of this mission trip, including, but not limited to, malaria, typhoid, dengue fever, etc.

Date: _____

Notary: _____

Signature: _____
(parent/guardian must sign, if under 18)

County of: _____

Printed Name: _____

Date: _____

GENERAL INFORMATION

COST: The cost of the trip is \$1,600 per person. Included in the price are airfare, lodging, travel, international insurance and food. You will also receive a team t-shirt and tote bag.

\$400 Payment #1 (Registration)	4/27/2018
\$400 Payment #2	5/8/2018
\$400 Payment #3 (Passport Copy)	6/19/2018
\$400 Payment #4	7/17/2018

There is a \$10.00 immigration fee required of each person upon arrival in Nicaragua. This is not included in your trip cost.

MONEY: Please do not take a large amount of money. You will need money for food at the airport in the US and \$10.00 to enter Nicaragua. You will have an opportunity to go to the market to purchase souvenirs.

Make certain your passport is valid for at least six months from departure date.

LUGGAGE: You are limited to ONE piece of carry-on luggage with a required size of 22"x14"x9". The airline also allows a second personal item, such as a small backpack, purse or computer bag.

ATTIRE: Clothing should be loose fitting to allow the body to be as cool as possible. Temperatures in Nicaragua range from hot to hotter. Pack modest clothing for your trip. Please do not pack "spaghetti strap" tank tops and shorts that are more than 3 inches above your knees. Guys, keep your shirts on at all times. In addition to our attire, please avoid any activities that might be misunderstood. Remember, our conduct must be above reproach.

LAUNDRY SERVICE: Laundry will be provided at H.O.P.E Central and is included in your trip cost. Due to the provided laundry service, you will only need two sets of work clothes.

MEALS: Breakfast and dinner will be at H.O.P.E Central. Lunch will be at the work site and consist of peanut butter & jelly sandwiches, chicken salad sandwiches, tuna salad sandwiches, cheese & crackers, granola bars, pudding cups, fruit cups, etc. Water, Gatorade and/or lemonade will be available on the work site at all times.

EMERGENCY CONTACTS:

H.O.P.E Central
417-942-4307
Carretera Nueva A Leon
9 1/2 KM Frente DIINSA
Managua, Nicaragua

Project H.O.P.E, Springfield
417-886-4673
1419 S Enterprise
Springfield, MO 65804

Group Leader: Jim McCoy
(816) 223-8566

