



**Hope for Home  
Guatemala Ministry Trip  
Registration Form  
November 10-17, 2012**

First Name: Middle Name: Last Name:

Address 1:

Address 2:

City: State: Zip:

Hm. Phone: Cell Phone: Wk. Phone:

E-mail:

Birthdate: Age:

Closest Major Airport:

Health Issues:

T-shirt Size:

Small

Medium

Large

X-large

2X

3X

Passport #: Exp date:

Are you covered by health insurance? Yes No

Insurance Information:

Insurance Company:

Primary Insurance Holder:

Employer Name:

Group #:

Policy #:

**Payment Policy:**

There is a registration fee of \$100 that is to be included with this form. A payment of \$700.00 will be due on August 10th with the final \$700.00 due on September 10th. Cost is based upon airline ticket cost at time of scheduling and is subject to change (increase or decrease) due to ticket cost at booking date.

**Statement of Compliance:**

As a participant in this Hope for Home Ministry Trip I understand that I will serve under the direction of Hope for Home staff and volunteers as well as in-country coordinators. I agree to submit to their leadership with a positive attitude and be respectful of other team members, those with whom we work, and the culture within which we serve. I realize that failure to comply with these guidelines may result in my removal from the team.

Participant's Signature:

Date:

Parent or Guardian's  
Signature (if under 18):

Date:

Mail Registration and \$100.00 deposit to:  
**Hope for Home Ministries**  
**PO Box 393**  
**Troy, OH 45373**

**Office Use Only**

Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Approved: \_\_\_\_\_