



DUE DATE: _____ (All information to be kept in separate, confidential file)

Dates of Trip: _____ Nicaragua or Haiti _____

Team Leader: _____ Body Weight for MFI (Haiti Trip) _____

Name: (as it appears on passport) _____

Name: (for name tag purposes) _____ T-Shirt size: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Passport Number: _____

Home Phone: _____ Cell Phone: _____

Traveler's E-Mail: _____ Blood Type: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

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Relationship: _____ Phone: _____

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

Allergies (food, medicine, etc.): _____

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

Physical limitations or other medical information that would be helpful: _____

(Use back for additional information)

Primary Medical Insurance

Insurance company: _____

Policy or ID number: _____

Name of primary insured: _____

Insurance contact number(s): _____