



Trip Participant

Name (full legal name as it appears on a government issued document, e.g. birth certificate, license, passport)			Date of Birth		
Address			Phone		
City	State	Zip Code	Age	Grade	Gender
email address					

Parent/Guardian complete if trip participant is under 18

Name			Relationship		
Address			Phone main number		
City	State	Zip Code	Phone alternative number		
email address					

Trip Information

<input type="checkbox"/>	Basic Home Repair	<input type="checkbox"/>	Educational Field Trip	<input type="checkbox"/>	Home Construction	Departure Date
<input type="checkbox"/>	Community Service	<input type="checkbox"/>	Educational Overnight	<input type="checkbox"/>	Other	
Destination					Return Date	
Total Cost of Trip		Adjustment		Non-refundable Deposit		Balance

All trips include the cost of: transportation, lodging, activities & meals

Notes: Please tell us anything that would help make this a better trip for you, e.g. "I've never flown", "I snore very loud"

Authorized Signatures

For participants under the age of 18 this form must be signed by a parent or guardian. By signing this registration form I am giving consent for my child to travel with the Nomads of Hope on the above trip. I will provide a health profile that authorizes the trip leader to administer medications and seek medical treatment if necessary.

Signature

Date

Printed Name