


|   |               |                                      |  |                             |                          |  |
|---|---------------|--------------------------------------|--|-----------------------------|--------------------------|--|
|    |               | <b>Nomads of Hope, Inc</b>           |  |                             | <b>Trip Registration</b> |  |
| <b>Trip Participant</b>   |               |                                      |  |                             |                          |  |
| Name (full legal name as it appears on passport)  |               |                                      |  | Date of Birth               |                          |  |
| Address   |               |                                      |  | Primary Phone               |                          |  |
| City  | State         | Zip Code                             | Age  | Gender                      |                          |  |
| email address   |               |                                      |  |                             |                          |  |
| <b>Parent or Guardian if trip participant is under 18 at the time of registration</b>   |               |                                      |  |                             |                          |  |
| Name  |               |                                      |  | Relationship to Participant |                          |  |
| Address   |               |                                      |  | Primary Phone               |                          |  |
| City  | State         | Zip Code                             | Other Phone  |                             |                          |  |
| email address   |               |                                      |  |                             |                          |  |
| <b>Trip Information</b>   |               |                                      |  |                             |                          |  |
| Country: Ecuador Location: Amazon   |               |                                      |  | <b>Begin</b>                | 8/3/2025                 |  |
| Experience Ecuador's Amazon from Macas, a gateway to the Sangay National Park where Shuar communities welcome visitors. Here you can explore pristine waterfalls, spot diverse birdlife, and learn about indigenous traditions while staying in comfortable lodges. |               |                                      |  | <b>End</b>                  | 8/7/2025                 |  |
| <b>Payment</b>  | <b>Amount</b> | <b>Due Date</b>                      | <b>Registration Requirements Due by 4/1/2025</b>                 |                             |                          |  |
| Total Trip Cost   | \$800.00      | Inquire about discount opportunities | Your passport must be valid through February 2026                |                             |                          |  |
| Registration Deposit  | \$150.00      | 1/15/2025                            | Provide a color copy of your passport and one other photo ID     |                             |                          |  |
| Balance in Full   | \$650.00      | 4/1/2025                             | Purchase trip cancellation insurance                             |                             |                          |  |
|   |               |                                      | Provide proof of medical and accident insurance valid in Ecuador |                             |                          |  |
|   |               |                                      | A completed Nomads of Hope Health Profile                        |                             |                          |  |
|   |               |                                      | A completed Nomads of Hope Volunteer Release & Waiver            |                             |                          |  |
| <b>Included in the cost of the trip</b>   |               |                                      | <b>Not included in the cost of the trip</b>                      |                             |                          |  |
| Transportation from and returning to Cuenca   |               |                                      | Any souvenirs you purchase                                       |                             |                          |  |
| All lodging and meals   |               |                                      | Extra activities apart from those scheduled                      |                             |                          |  |
| All transportation in the Amazon  |               |                                      | Extra food and drinks  |                             |                          |  |
| All group activities  |               |                                      |  |                             |                          |  |
| All fees related to group activities  |               |                                      |  |                             |                          |  |
| I understand that the planned itinerary could change based on unforeseen circumstances such as weather, political realities, and local partner capabilities. Nomads of Hope will provide information about changes to the itinerary on a timely basis.              |               |                                      |  |                             |                          |  |
| <b>Refund Policy: \$150 deposit is non-refundable. Refunds are available on a limited basis (see website for details). In the event that Nomads of Hope cancels the trip all payments made will be refunded.</b>  |               |                                      |  |                             |                          |  |
| <b>Authorized Signature</b>   |               |                                      |  |                             |                          |  |
| For participants under the age of 18, this form must be completed and signed by a parent or guardian. By signing this registration form I agree to the above payment terms and all policies and requirements.   |               |                                      |  |                             |                          |  |
| Signature   |               |                                      |  | Date                        |                          |  |
|   |               |                                      |  | form R01-version2-2019      |                          |  |
| Printed Name  |               |                                      |  |                             |                          |  |