

NICARAGUA MISSION TRIP APPLICATION

You must have a minimum of 6 months left before your passport expires to enter Nicaragua!

Passport Number: _____ Passport Expiration Date: _____

We **must** have a copy of your **passport photo page** either with this application or as soon as you get it.
If you decline to get it to us in a timely manner, you will not be able to go on the trip!

Which mission trip do you wish to go on (date/month)?

**PRINT YOUR LEGAL NAME EXACTLY
AS IT APPEARS ON YOUR PASSPORT:**

Street Address:

City:

State:

ZIP Code:

**Home Phone:
Cell Phone:**

***Email Address*
Print clearly please!**

Birth Date:

Occupation:

Nickname:

HEALTH issues/allergies we should know about?

Date of last tetanus booster:

**Name of home AIRPORT
you wish to fly out of:**

Spouses Name:
(If married)

**Daytime #:
Evening #:**

Emergency Contact Person:
(If not married)
Relationship to this person:

Daytime:
(Phone Number)
Evening:

If this is your first trip with us, how did you hear about us?

Release of liability: I am aware of the political situation currently in Nicaragua (travel.state.gov, International Travel, Nicaragua), and of my own will agree to join this mission team. I agree to hold harmless; the NiCE Foundation, any officer or person associated with NiCE Foundation, including our ministry partners in Nicaragua, from all liability. This includes any injury, damage, or loss connected to any activity on this trip and while traveling to and from Nicaragua. I agree to abide by the rules of conduct and dress as described in the pre-trip information.

SIGNATURE of Applicant:

DATE:

X

MISSION TRIP PRICE: \$1,850

\$500 deposit due with application

FINAL PAYMENT DUE 60 DAYS

PRIOR TO DATE OF TRIP

We will email your

"Get Ready For Your Trip" information and instructions.

PLEASE READ IT! **It will answer the majority of your questions.**

MAKE CHECKS PAYABLE TO :

NiCE Foundation
1405 Walnut Street
Highland, IL 62249
618.882.6090

email: jhgolinger@gmail.com