



TRIP PARTICIPANT APPLICATION

Church or Organization: _____

Proposed Dates of Trip: ____/____/____ to ____/____/____

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: ____/____/____ Place of Birth: _____

Occupation: _____

Exact Name on Passport _____

Passport Number: _____

Date Issued: ____/____/____

Date Expires: ____/____/____ **Must be valid six months past date of return**

Emergency Contact: _____ Relationship: _____
Phone: _____ Email: _____

TShirt Size _____

My health is: ____ Excellent ____ Good ____ Fair ____ Poor

Physical limitations: _____

I am known to be allergic to: _____

Chronic Illnesses or Issues: _____

Current Medications: _____

It is agreed you are traveling understanding the current health risks regarding Covid. If you have any concerns prior to booking the trip, please email us.

Currently, Honduras requires a Covid vaccine card or Covid test with a negative result taken within 72 hours of entering their country. Make sure your printout has the hospital name and your information.

Currently, the US requires a negative test within 72 hours of returning home. OR Agua Viva will arrange for this test to be done in LaCeiba. AVI will pay for your test, but you will need to reimburse AVI \$40 cash.

If you were to test positive, the doctor should write you a required quarantine order. You would quarantine until a negative test at Palma Real. This would be at your expense. The travel medical insurance we will purchase for you will *reimburse* up to \$2000 for lodging.

Please be aware, if you become ill and hospitalization is required, there may be a shortage of care.

The travel medical insurance covers medical evacuation *if ordered by a doctor*.

While on your trip, all participants must carry hand sanitizer and remain masked when within 6 feet of others.

I agree for my information to be submitted to team leader for a background check.

_____ /_____/_____

If approved for the trip, I agree to have my information shared with Honduras Well Projects and any other individual responsible for making travel arrangements.

_____ /_____/_____