

NWMC Haiti Missions Trip

February 3 - 14, 2019

Registration Information

Team Leaders: John & Jessie Lawrence Ph: 403-337-2110,
Dan & Carol Gelleny Ph: 403-813-3716, NWMC PH: 403-337-3283

1. Your signature on the enclosed **Registration and Acceptance Agreement** form confirms your desire to participate in the **Haiti Missions Trip** as outlined below.
2. **The budget for each participant** from Calgary International Airport, Calgary, AB to Port-au-Prince, Haiti and return, is **\$2500.00 per person + a Project Contribution amount of \$500.00 per person Total \$3000.00 per person** which includes:
 - Round trip airfare and hotel in Miami.
 - § Ground transportation for scheduled activities
 - § Tourist Tax \$10.00 usd
 - § Medical Insurance and Trip Cancellation Insurance
 - § All breakfasts, dinners and lunches
 - § Each participant is responsible for donating either directly or indirectly through fund raising efforts \$3,000 towards the trip budget.
3. **Each individual is responsible for:**
 - § **A valid passport** with expiry date at least six months beyond the tour return date. You should apply for one immediately if you do not have one.
 - § **Transportation** from your home to Calgary Airport.
 - § **Vaccinations** are required for Haiti. Check with your physician and/or local travel clinic to see if you require any.
4. Upon registering you will be required to pay a non-tax deductible fee **to the NNWC of \$100.00** which is non-refundable (unless cancelled by the organizers). **Remaining donations in the amount of \$2,900 towards the Mission Trip budget must be received by the NWMC by December 1, 2018.**
5. The organizers of this tour reserve the right to change, cancel, or postpone the scheduled programs at any time in the event that political circumstances or other developments may so require. Every effort is made to insure a safe and enjoyable trip.
6. **NWMC office administrator Carol will be happy to assist you in acquiring necessary documentation** and in answering any further questions you may have.
NWMC Office: PH: 403-337-3283, **Email:** info@nwmc.ca, **Website:** www.nwmc.ca

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Name _____
(Name as it appears on your passport)

Address _____

City _____ **Province** _____ **Postal** _____

Phone (home) _____ **Phone (work or cell)** _____

E-mail _____ (Most contact will be by email so either yours or
someone who will pass info on to you!)

Date of Birth _____

Passport No _____ **Citizenship** _____

Passport Expiry Date _____

Aeroplane # _____
(if you have one)

Contact Person in case of emergency:

Name _____ **Phone** _____

Date _____

Enclosed is my deposit of \$ _____ **(\$100 per person)**

Signature:

Please sign and deliver this form, with deposit (cheque payable to NWMC) to:
Northwest Mennonite Conference
P.O. Box 1316
Didsbury, AB
T0M 0W0