



Mission Application

A 501(c)3 Nonprofit Organization

Providing hope to kids around the world since 1973.

2008 Trip Information

I am applying for:



* Widows outreach

<input type="checkbox"/> <u>Uganda*</u>	Feb. 12—Feb. 25, 2008	Adult: \$1790 + airfare + 1 visas Student: \$1590 + airfare + 1 visas
<input type="checkbox"/> <u>Uganda</u>	April 8-April 21, 2008	Adult: \$1790 + airfare + 1 visas Student: \$1590 + airfare + 1 visas
<input type="checkbox"/> <u>Mexico</u>	May 24—28, 2008	Adult: \$280 + Travel Student: \$280 + Travel
<input type="checkbox"/> <u>Peru</u>	June 12-June 25, 2008	Adult: \$1790 + airfare Student: \$1590 + airfare
<input type="checkbox"/> <u>Uganda</u>	July 1 - July 14, 2008	Adult: \$1790 + airfare + 1 visas Student: \$1590 + airfare + 1 visas
<input type="checkbox"/> <u>Uganda</u>	July 15—July 28, 2008	Adult: \$1790 + airfare + 1 visas Student: \$1590 + airfare + 1 visas
<input type="checkbox"/> <u>Romania</u>	August 7- 20, 2008	Adult: \$1790 + airfare Student: \$1590 + airfare
<input type="checkbox"/> <u>Uganda</u>	November 6-18, 2008	Adult: \$1790 + airfare + 1 visas Student: \$1590 + airfare + 1 visas

Price includes all transportation within the foreign country, hotels, breakfast, two additional meals per day, and project costs. This trip is tax-deductible.

Contact Information

FULL NAME _____ (AS IT APPEARS ON PASSPORT) NICKNAME _____

DATE OF BIRTH _____ BIRTH COUNTRY _____

ADDRESS _____ CELL PHONE _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

EMAIL ADDRESS _____ DEPARTING AIRPORT _____

PASSPORT NUMBER _____ EXPIRATION DATE _____

GENDER _____ SHIRT SIZE _____ CHURCH _____ ROOMATE PREFERENCE _____

EMPLOYER OR SCHOOL _____ POSITION OR GRADE _____

How did you hear about us? Website _____ Church _____ Newsletter _____ Other _____

I understand that Hope 4 Kids International is a Christian based organization and will be promoting Christian values on each of their international trips. My \$200 application fee is enclosed. I understand that this will not be applied to my trip cost and is NON REFUNDABLE.

Signature _____ Date: _____

PO Box 74010 Phoenix, AZ 85087 phone: 623.979.5516 fax: 623.979.5244
 www.hope4kidsinternational.org teams@hope4kidsinternational.org