



CHECKLIST

(DUE 60 DAYS PRIOR TO TRAVEL)

IF PAYMENT MADE BY CHECK:
PLEASE MAKE ALL TAX-DEDUCTIBLE CHECKS OUT TO HOPEHOUSE
INTERNATIONAL AND MAIL TO:

HOPEHOUSE INTERNATIONAL, INC.
1441 NEW HIGHWAY 96 WEST
SUITE 2-112
FRANKLIN, TN 37064

IF PAYMENT MADE BY CREDIT CARD:
A SERVICE FEE (APPROX. 2%) WILL BE ADDED TO YOUR PAYMENT.
CREDIT CARD PAYMENT CAN BE MADE ON HOPEHOUSE WEBSITE:

WWW.HOPEHOUSEINTERNATIONAL.ORG

	BALANCE OF PAYMENT DUE
	SIGNED AND NOTARIZED LIABILITY RELEASE
	SIGNED ASSUMPTION OF RISK AGREEMENT (BLDG TEAMS ONLY)
	COPY OF HEALTH INSURANCE CARD
	MEDICAL INFORMATION FORMED FILLED OUT
	REGISTRATION FORM FILLED OUT
	COPY OF PASSPORT PAGE (PACK ONE EXTRA COPY IN SUITCASE TO TAKE FOR TRAVEL)
	COPY OF DRIVER'S LICENSE (PACK ONE EXTRA COPY IN SUITCASE TO TAKE FOR TRAVEL)

