

# Registration Form: HopeHouse Building Team

## Price Per Person

### \$820.00 + International Air Cost

\$820.00 price includes all lodging and food in Ukraine, train tickets, & ground transportation. Your rate does not include passport fees, airport food during international travel days, or Trans-Atlantic forced overnight.

**If team requests to take a domestic flight from Kiev to the local city instead of the train, price per person increases by \$100.00.**

## Tax deductible checks payable to:

HopeHouse International

Name: \_\_\_\_\_  
(As it appears on passport)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Email for Spouse: \_\_\_\_\_

Dates of travel: \_\_\_\_\_

- I understand that should a catastrophic event beyond the control of HopeHouse International, Inc. (a non-profit organization) and Together International, Inc. (trip facilitator) cause the trip to be cancelled, refund amounts are subject to the refunds made available by airlines.
- I further understand that HopeHouse International, Inc./Together International, Inc. are merely a coordinator of travel arrangements, and program planning. HopeHouse International, Inc./Together International, Inc. cannot guarantee the performance and service levels of the vendors, suppliers, airlines, trains, vans, drivers, Ukrainian counterparts, and other providers of goods and services.

I have read the Trip Brochure and agree to it's contents: Price Per Person, Trans-Atlantic Overnight and Cancellation Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Medical Information: Please complete

Name of participant (as on insurance card):

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

(cell) \_\_\_\_\_

## Do you have Hospital Insurance? YES or NO

Medical Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

\_\_\_\_\_

Physicians Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Physicians Address: \_\_\_\_\_

\_\_\_\_\_

List any medical conditions and/or allergies to medicines:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Date(s) and description(s) of any vaccination shots taken prior to traveling to Ukraine:

\_\_\_\_\_

\_\_\_\_\_

I confirm that all medical information is updated and accurate:

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date