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| NAME | | |
| ADDRESS | | |
| CITY | STATE & ZIP | |
| PHONE NUMBER | DO YOU HAVE WHATSAPP YES NO | |
| COUNTRY OF CITIZENSHIP | DO YOU HAVE A PASSPORT YES NO | |
| EXPECTED DATES OF TRAVEL:  HOW MANY PEOPLE ARE YOU TRAVELING WITH? | | |
| DO YOU HAVE ANY DIETARY RESTRICTIONS? | | |
| DO YOU HAVE ANY ALLERGIES? | | |
| DO YOU HAVE ANY MEDICAL CONDITIONS THAT COULD REQUIRE INTERVENTION DURING THIS TRIP?  PLEASE LIST ANY MEDICINES YOU TAKE ON A REGULAR BASIS  IS THERE ANY OTHER INFORMATION YOUR TOUR GUIDE SHOULD KNOW IN ORDER TO HELP KEEP YOU SAFE? | | |
| International travel comes with the possibility of illness, accidents and other risks.  Drill Tours and Give Life are not liable for any physical or other harm to tourists.  Tourists are required to visit travel clinic and receive necessary preventive medications including malaria prophylaxis prior to travel. Please review all travel information, budget, FAQs, and other documents provided before completing this application | | |
| Do you understand and acknowledge the risks and expectations as outlined above? | YES  NO | Signature |

You must pay the nonrefundable $250 deposit and return this application to [GiveLife2Communities@gmail.com](mailto:GiveLife2Communities@gmail.com) in order to be registered for the trip