Expedition Application

Complete the application form as fully as possible. While it is useful for us to have your passport number, it is not immediately crucial to start processing your application. If you are traveling as a family with a parent or guardian, all family members may be listed on one application with only those over the age of 18 required to sign.

Otherwise, we require each applicant, even those traveling as a group, to complete an application.

Expedition Destination	Agua Prieta, Mexico			
Expedition Dates	December 26, 2024-January 1, 2025			
Leader	Building Hope Abroad			

Last Name (per passport)	First Name (per passport)	Sex	Age	Birthdate	Phone Number	Email	Passport Info	Expiration	Citizenship	Spanish Fluency
	_									
Mailing Add	ress					Emergency Contac	ct			
Street Address						Name		_	Relationship	
City	State	_	Zip Code			Street Address				
To make cancellations, c	ully before signing: hanges, or substitutions in em ore the completion of the expe					cost of the expedition in order to meet u	nexpected changes in fares, hotel	rates, currency change	es, etc.; and to return	to his or her
f accepted as a participa	ant of this expedition, I shall:									
	gh moral standards of persona	al conduct (see o	general informati	on).						
	ward all members of the exped	, ,	,	,						
•	ijority of the expedition whenev		choice presents i	tself.						
I. Accept the suggestion	s and direction of the expedition	on leader in all n	natters pertaining	to the expedition	, or personal conduct, healtl	n or hygiene. 5. Maintain a responsible a	attitude, reflecting at all times the hi	ghest moral character		
conditions under which nate and the second transportation or other subdirectly or indirectly with application form and all a	neans of transportation or othe uch services, or for any loss, in the expedition or programs fo additional information concerni	er services are on ijury or damage r which application on the expedition	offered and provi to, or in respect ion is hereby ma on, I hereby subr	ded by the issuer; of, any person or p de. I agree and gra nit my application	and that Building Hope Abroperty howsoever caused ant permission to Smiles Abroper membership in the expension	on for any loss suffered as a result of model Foundation, in the absence of negliq lor arising, or for State of health (please road Foundation to freely use without co dition with my down payment as specifie te of departure. If applying after this date	gence! shall not be or become liabl e indicate any special health concer charge, my name, image and likene ed in the official program announcer	e or responsible in an rns) damages resulting ss for promotional pur ment, with the unders	y way in connection of grom any other caus poses. Having carefut tanding that said app	with such se connected ally read this lication must
									INIC	
Signature of Applicant(s)	(A parent or guard	dian must s	ign the app	lication for th	hose less than 18 ye	ears of age.)		_ B	N G	1