

African Partnership Mission Trip  
With  
Hope for Life International Inc.  
Dr. Frank Thomas  
August 4-16, 2010  
\$3995.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ROOM MATE \_\_\_\_\_

PASSPORT: # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DEPOSIT: \$500. Final Payment due June 15, 2010. (Monthly installments available)

SINGLE ROOMS: An Additional Supplement \$550

CHECK # \_\_\_\_\_ Payable To: TRAVEL EAZE - SA MBCC

MC/VISA \_\_\_\_\_ exp date \_\_\_\_\_ Amex \_\_\_\_\_ exp date \_\_\_\_\_

Discover \_\_\_\_\_ exp. Date \_\_\_\_\_

TRAVEL INSURANCE YES \_\_\_\_\_ NO \_\_\_\_\_

Payments Mail To: TRAVEL EAZE  
5743 Barfield Circle  
Memphis, TN 38120

901 685 3260  
901 219 4610  
901 684 6289 Fax

***POLICY: I understand and accept the responsibilities of making timely payments. There are no refunds; cancellation insurance is strongly suggested***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_