

**AMAZON MISSION TRIPS – 2007
REGISTRATION FORM**

Name: _____ Chosen Week: _____

Gender: M F (circle one) Age: _____ D.O.B.: _____

Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone #: _____

Passport #: _____ Exp.date: _____

In case of emergency contact: Name: _____

Phone #: _____ Relationship: _____

DEPOSIT: US\$100.00 (not refundable). Write your check to World Hope Missions Ministry and mail it with the registration form to:
WORLD HOPE MISSIONS MINISTRY
P.O. BOX: 915753 Longwood, FL 32791-5753

ATTENTION: Immunization and Visas are **not** included.
Balance deadline: 40 days before the first day of your trip.

**YOU WILL NEVER BE THE SAME AFTER YOU SEE GOD USING YOUR TALENTS.
THANK YOU FOR JOINING US.**