



## 2019 Traveler Application

Traveler First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

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

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

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

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Travel companion (if applicable): \_\_\_\_\_

Preferred Trip Dates: \_\_\_\_\_ November 1-10, 2019 \_\_\_\_\_ November 8-17, 2019 \_\_\_\_\_ I can do either

Passport: \_\_\_\_\_ I already have one \_\_\_\_\_ I will be applying for one

Yellow Fever Vaccination: \_\_\_\_\_ I already have it \_\_\_\_\_ I will be getting it

OneVillage Partners has minimum and maximum limits on the number of travelers to be included with each trip. Please do not book your airfare until you have been notified by OneVillage Partners' staff that you will be participating on the trip.

I agree that by submitting this application, I am committed to participate on the OneVillage Partners trip to Sierra Leone on the dates indicated. I have enclosed my signed code of conduct, as well as my \$1,000 trip deposit, which I acknowledge is nonrefundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if minor)

\_\_\_\_\_  
Date

*Once complete, please submit the application to OneVillage Partners at [admin@onevillagepartners.org](mailto:admin@onevillagepartners.org).*