

Honduras Partner Trip

Cost:

\$1,050 Person Double Occupancy
(Airfare not included)

\$1,250 Person Single Occupancy
(Airfare not included)

- **\$250 Deposit required at registration.**

August 23, 2011
Registration Deadline

September 20, 2011
Final Payment Deadline

Dates:

October 27 - November 1, 2011

- Fly into the Tegucigalpa, Honduras Airport. Airport code is TGU.

Please do not make airline reservations or pay the full amount until 10 people have registered for the trip. All funds are considered a donation and cannot be refunded, but can be applied to a future JFHP trip.

Coordinators:

Chuck Watson
Team Leader

Bernie Slingerland
Country Host

Contact:

Sarah Norris at
913.663.5700
SNorris@JFHP.org



Honduras is a wonderland of breathtaking sunsets and misty green mountains. It is a country of lowlands and fertile valleys, tropical beaches and banana plantations. It is located in the heart of Central America with warm weather and friendly people. The capital city, Tegucigalpa, offers well-preserved colonial churches, national museums and delightful parks.



Honduras is still recovering from the effects of Hurricane Mitch, which ravaged the land in 1998. In a country of great economic need there is also great spiritual need. The JESUS Film is being used to minister to these wonderful people. You can be involved by joining this JESUS Film Partner Trip.

Plan now to enjoy the beauty and excitement of Honduras!
Get your Registration in soon—space is limited!



JESUS Film™
HARVEST PARTNERS

JESUS Film Partner Trip Honduras

Information Sheet

October 27-November 1, 2011

Registration Forms:

1. Print the Registration, Health Questionnaire and Medical Release Forms, one for each person. Complete them and:

- Fax or mail the REGISTRATION FORM with the required deposit to:

JESUS Film Harvest Partners
Attn: Sarah Norris, Partner Trip Coordinator
15055 W. 116th St.
Olathe, KS 66062

Fax: 913-345-4854 (No cover sheet necessary.)

- Take the HEALTH QUESTIONNAIRE and MEDICAL RELEASE FORMS to Honduras and give them to the Team Leader. ***The Medical Release Form must be notarized.***

2. For insurance purposes, please provide your official name (as on your passport) and your birth date (mm/dd/yy).

Travel Information:

A valid passport is mandatory to re-enter the United States. As a citizen or resident of the U.S. you need the following documents to enter:

1. A US passport that is valid beyond your intended stay (more than three months)
2. Tickets and documents for return or onward travel

Before visiting Honduras you should consult with your physician regarding any necessary vaccinations or medications recommended for travel to this area. You can also visit the CDC website for specific recommendations at the following:

Country Vaccines: <http://wwwn.cdc.gov/travel/destinations/honduras.aspx>

Children's Vaccine Schedule: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>.

Adult's Vaccine Schedule: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

Miscellaneous Information:

Electrical: 110 volts

Telephone: Country code: 504

Currency: Lempira

Current Exchange Rate: visit <http://www.oanda.com/convert/classic> for the most current exchange rate.

Credit & debit cards: Visa and MasterCard are widely accepted.

Safety Concerns:

Any overseas travel may entail some risk. You can visit the following website (http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html) to be informed of the latest travel advisories.

As a precaution against lost luggage, pack necessities and valuables such as medication or jewelry and items you'll need within the first 24 hours of your arrival in your carry-on bag. Make two copies of your identification and your credit or cash cards. Leave one copy in the United States with someone you can call in the case of loss, and pack the other in a carry-on bag as a back up.

Weather/Clothing:

1. Weather in Honduras averages a high of 78° a low of 62° in November.
2. Appropriate church attire includes khaki pants and golf shirts for men and dresses or longer skirts for women.
3. Jeans are appropriate for the JESUS Film showings.
4. The rest of the time you may wear capris, slacks, jeans, etc.

Photos:

Your photos can be downloaded by your Team Leader and then posted on the JESUS Film Harvest Partners Flickr site (www.flickr.com) where all team members will have access to the photos. Please be especially aware of photo opportunities during JESUS Film showings, as JFHP is particularly interested in obtaining these types of photos for use in publications.

Airline Information:

1. Airport code for Tegucigalpa: TGU
2. Ticket information: Make travel arrangements to and from the Tegucigalpa airport through one of the following agencies or through another agency or airline of your choice. Please provide a copy of your flight itinerary to Sarah Norris (SNorris@JFHP.org) at JESUS Film Harvest Partners upon booking. **Please do not make airline reservations or pay the full amount until 10 people have registered for the trip. All funds are considered a donation and cannot be refunded, but can be applied to a future JFHP trip. You will be notified when the trip is confirmed.**

Golden Rule Travel
888-950-3273

Eldo Miller
eldo@goldrule.net

ReachOne Travel
888-290-7100

Marla Vinzant
info@reachonetravel.com

MTS Travel
800-418-2929 x19334
719-385-3334 Dir. Line

Peggy Bignell
peggyb@mtstravel.com

Educational Opportunities
714-897-9305

Carole Webb, Director of Travel Ministries
caroleuwebb@aol.com

- PARTNER TRIPS -
PARTICIPANT REGISTRATION

Please submit this Registration Form with the following materials:

- A clear copy of your passport (color copy preferred);
- A digital photo that you e-mail to SNorris@JFHP.org (similar to a passport photo).
- We may use your photo or testimony for our publicity efforts.
 - Check here if you do *NOT* want your photo or testimony used for this purpose.

Please print

Today's date: _____ **Trip Name & Dates:** _____

Title: Mr. Miss Mrs. Reverend Dr.

Name: _____
last first mi.

Informal name: _____ Male Female

Profession: _____

Area of Expertise: _____

Street address: _____

City: _____

State: _____ **Zip Code:** _____

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail address: _____

Hotel arrangements: Double Occupancy Single Occupancy

Name of Roommate: _____

T-Shirt Size:

1. *Adult: (check one)* XS S M L
 XL XXL XXXL
2. *Child: (check one)* S M L

Are you a US citizen? yes no

If no which country? _____

Do you have a passport? yes no applying

Name on Passport: _____

Passport #: _____

Expiration date: _____
Month day year

Birth date: _____
Month day year

Emergency contact name: _____

Relationship to you: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Other information that may be helpful in planning the trip (skills you have, special interests, talents, etc.)

- PARTNER TRIPS -
HEALTH QUESTIONNAIRE

Name: _____

Please give your Health Questionnaire and Medical Release Form to your Team Leader upon arrival at your destination.

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. It is important that your Team Leader be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized. Pre-existing conditions are not covered by the JESUS Film Partner Trip insurance policies.

HEART

- Heart surgeries
- Bypasses
- Heart medication
- Pacemaker
- High blood pressure

LUNGS

- Asthma
- Emphysema
- High altitudes

DIET

- Diabetes
- Prescribed insulin
- Hypoglycemia
- Diet restrictions

OTHER

- Allergies _____
- Phobias (heights, crowds, etc.)
- Epilepsy
- Prescribed medications
- _____

COMMENTS

Please include any health conditions that your Team Leader should be aware of in case of any emergencies and list any medications you will be taking with you.

- PARTNER TRIPS -
MEDICAL RELEASE

Each team member is to complete this Medical Release and have it notarized before departure. Please fill in the name of your Team Leader and one other person of your choice. If you do not know the other team members, ask your Team Leader for a recommendation. In the case of a minor, the parent or legal guardian should complete the form, sign it and have it notarized.

The signed and notarized copy of the Medical Release and the completed Health Questionnaire **must be taken to the field by you and NOT sent to the JESUS Film Harvest Partners office.** The forms may be required by the hospital or doctor before medical assistance can be given.

DATE: _____

I hereby give _____ (Team Leader) and _____ permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of

_____, _____ to _____, _____.

NAME: (Print) _____

SIGNATURE: _____
(If minor, guardian's signature)

STATE OF _____

COUNTY OF _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____

NOTARY PUBLIC

EXPIRATION DATE

(SEAL)