



FOOD FOR THE POOR

TRAVEL RESERVATION REQUEST

Please mail to: Food For The Poor • 6401 Lyons Road, Coconut Creek, FL 33073

Telephone: Main: 954-427 2222 Toll free: 1-800-568-8124 Fax: 954-596-4049

Email: missions@foodforthe poor.com or book online at <http://www.foodforthe poor.org/missions>

Travel date: _____ Country: _____

All information contained
in this form is confidential.

TRAVEL ARRANGEMENTS

- ☐ I (we) would like Food For The Poor to help me make flight arrangements from home to the departure city stated by Food For The Poor (Miami or Fort Lauderdale, FL). Reservations are subject to availability and additional airfare applies. City of departure and preferred airport: _____
- ☐ I (we) will handle our own flight arrangements from home city to the departure city stated by Food For The Poor (Miami or Fort Lauderdale, FL).
- ☐ I (we) need additional hotel reservations in Florida prior to or after the trip.

NAMES: (Must match passport exactly Please print first, middle, last)	Name on the badge	Passport number, expiration date, country where issued and TSA Pre-check, Global Entry or Redress number if one has been assigned to you * (Please attach 2 copies of passport)	Date of Birth	Male or female	Name of roommate (If applicable)	IMPORTANT: You must advise us regarding medical, physical or mental conditions, as well as any dietary restrictions & medications that might affect your participation.	Shirt size (S,M,L,XL, XXL)	Single room (Extra fee)
1.				M / F				
2.				M / F				

STREET ADDRESS: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Cell phone: _____ Email: _____

PAYMENT METHOD

Circle method of payment: Check (Please make payable to Food For The Poor Inc. and write #12210 on the memo line)
Credit card: Visa MasterCard American Express Discover

Account #: _____ Exp. Date: _____ Amount to charge: _____

Name on account: _____ Signature: _____

1. \$100 Non-refundable deposit.
2. Land package due 60 days prior.
3. Final payment due 30 days prior.

- If you cancel, you will be responsible for the airlines' rescheduling fees: \$150-\$200, plus the difference between the original and new fare.
- Each individual is required to have medical insurance that includes international coverage.
- FFP recommends that you consider purchasing travel insurance.

EMERGENCY CONTACT

Name: _____ Relationship: _____ Day phone: _____ Evening phone: _____ Cell phone: _____

QUESTIONNAIRE

Religious background: _____ Occupation: _____

How did you learn about Food For The Poor and about FFP's mission trips? _____

***Redress Number:** number provided by Homeland Security to anyone previously identified for additional screening.