



# 2025 HUMANITARIAN TRIP BARBADOS



**Humanitarian Service Projects: April 29-May 4, 2025 | Optional Post-Trip: May 4-7, 2025**

Registration is on a first come, first served basis and space is limited. This form is writable. Please complete the registration/payment form and return to the District Office at [office@rotary5280.org](mailto:office@rotary5280.org).

## **TRAVELER INFORMATION**

### **ROTARIAN INFORMATION:**

Name (EXACTLY AS IT APPEARS ON YOUR PASSPORT): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_

Rotary Club: \_\_\_\_\_

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

Name of Roommate (if applicable): \_\_\_\_\_ Are you looking for a roommate? \_\_\_\_\_

How many beds do you require for your hotel room? \_\_\_\_\_ One Bed \_\_\_\_\_ Two Beds

T-shirt size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ 2XL

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any allergies or food requirements? \_\_\_\_\_

### **ROOMMATE INFORMATION:**

Name (EXACTLY AS IT APPEARS ON YOUR PASSPORT): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_

Rotary Club: \_\_\_\_\_

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

T-shirt size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ 2XL

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any allergies or food requirements? \_\_\_\_\_

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## TRAVEL INSURANCE

**Travel Insurance:** It's highly recommended that travelers purchase travel insurance.

To get your travel insurance quote and to purchase travel insurance, [CLICK HERE](#).

\_\_\_\_\_ Initial here to indicate you understand that it's highly recommended that you purchase travel insurance.

**Disclaimer:** All travelers understand that they are participating in this trip at their own risk.

\_\_\_\_\_ Initial here to indicate you understand that you are participating in this trip at your own risk.

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## TRIP OPTIONS

<i>The package price is per person.</i>	✓ Double Occupancy	✓ Single Occupancy
<b>OPTION #1: Humanitarian Trip ONLY- GROUP AIRFARE with hotel</b> Includes airfare, hotel, transportation and most meals.	_____ \$3270.00	_____ \$3995.00
<b>OPTION #2: Humanitarian Trip ONLY- SEPARATE AIRFARE with hotel</b> <b>*You MUST arrange your own airfare AND airport transfers.</b> Includes hotel, transportation and most meals.	_____ \$2870.00	_____ \$3595.00
<b>OPTION #3: Humanitarian Trip + Post-Trip- GROUP AIRFARE with hotel</b> Includes airfare, hotel, transportation and most meals.	_____ \$3820.00	_____ \$4995.00
<b>OPTION #4: Humanitarian Trip + Post-Trip- SEPARATE FLIGHT with hotel</b> <b>*You MUST arrange your own airfare and airport transfers</b> Includes hotel, transportation, and most meals.	_____ \$3420.00	_____ \$4595.00

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## CANCELLATION POLICY

**CANCELLATION POLICY** (applies to all trip packages):

- Cancellations by December 15, 2024: \$500 penalty
- Cancellations between December 16-January 15, 2025: Deposit is non-refundable
- Cancellations after January 15, 2025: NO REFUNDS

**\*To cancel your trip, you must submit (in writing), that you are cancelling to the District Office at [office@rotary5280.org](mailto:office@rotary5280.org).**

\_\_\_\_\_ Initial here to indicate you understand and agree to the cancellation policy list above.

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## **PAYMENT INFORMATION**

**PAYMENTS:** A 50% deposit is due at the time of registration.

The remaining 50% balance is due by January 15, 2025. Your spot will not be saved without the 50% deposit.

**\_\_\_\_\_ Initial here to indicate your agreement to the payment structure listed above.**

### **PAYMENT METHOD:**

**Credit card:** 50% deposit will be charged upon registration. Balance will be automatically charged on January 15, 2025.

**Total Amount of Trip:** \_\_\_\_\_

**Name on card:** \_\_\_\_\_ **Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Check:** Please make checks payable to "Rotary District 5280". Mail registration form with 50% deposit to:

8055 W. Manchester Ave, Suite 460, Playa Del Rey, CA 90293 or email to [office@rotary5280.org](mailto:office@rotary5280.org)

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## **QUESTIONS**

**REGISTRATION QUESTIONS:** Contact the Rotary District 5280 Office at [office@rotary5280.org](mailto:office@rotary5280.org) or 310-670-9792

**GRANTS/PROJECTS QUESTIONS:** Contact Humanitarian Trip Janice Lowers: [lo5150@msn.com](mailto:lo5150@msn.com) | (818) 355-8754