

Registration Worthy Bathroom Program 2026

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: ____ DOB: __/__/____ Male ____ Female ____

Phone: _____

Email: _____

Local Church: _____

I am requesting the \$300.00 scholarship assistance. Yes ___ or No _____

I agree to participate and will follow the guidelines provided by my Ecuador hosts and the trip leadership.

Signature

Print Name

Office Purposes Only:

___ Registration Application; Due March 1st

___ Health Questionnaire; Due March 1st

___ Proof of Background or church screening validation; March 1st

___ Valid Passport Expiration date ____/____/____; Due June 1st

___ Medical / Travel Insurance proof, June 1st

___ Air Travel documents received, June 1st