

# Registration Worthy Bathroom Program 2026

INFORMATION					
Name					
Address					
City		State		Zip	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age		DOB	/ /
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.

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Signature

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Print Name

Please submit by March 1, 2026. to Jim Mackie, WBP Coordinator, [hopewwjax@gmail.com](mailto:hopewwjax@gmail.com)

### Office Purposes Only

- Registration / Scholarship 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