International Travel Report Request

Name_____ **Email:**_____

Today's Date:_____

I am traveling as:

☐ Study Abroad Program ☐ Independent traveler

☐ Member of Hope-sponsored group ☐ Member of *Non-Hope* group

Program/Group name *(if applicable)*:_____

- If traveling with a Hope group, will you be returning with the group? YES NO
- Affiliation with IES, CIEE, SIT or other program? If YES,_____ NO

Date of departure_____ **Date of return to USA**_____

Country/Countries you will be traveling to *(include airport stop-over's)*:

_____ _____

_____ _____

_____ _____

List Destination city/cities you will be traveling to:

_____	☐ Urban	☐ Rural	☐ Remote
_____	☐ Urban	☐ Rural	☐ Remote
_____	☐ Urban	☐ Rural	☐ Remote
_____	☐ Urban	☐ Rural	☐ Remote
_____	☐ Urban	☐ Rural	☐ Remote
_____	☐ Urban	☐ Rural	☐ Remote
_____	☐ Urban	☐ Rural	☐ Remote

Activities involved *(check all that apply)*:

☐ Hiking/Backpacking
☐ Scuba diving
☐ High Altitude Climbing
☐ Caving
☐ Safari
☐ Snorkeling
☐ Other_____

Lodging *(check all that apply)*:

☐ Air conditioned hotel
☐ Open air window hotel
☐ Screened cabin
☐ Open air tent
☐ Host family
☐ Other _____

Food accommodations *(check all that apply)*:

☐ Restaurants on major tourist routes
☐ Street vendors and/or Market stalls
☐ Program attending is providing
☐ Unknown
☐ Other_____

Water accommodations *(check all that apply)*:

☐ Industrialized country
☐ Bottled water
☐ Boiled and/or chemically treated water
☐ Tap water
☐ Other_____

Return completed form to Hope Health Center. Fax: 616-395-7144. E-mail sabo@hope.edu