

SHINE THE LIGHT INITIATIVE – RETURNING PARTICIPANT FORM

Please Send Form to: SHINE THE LIGHT, 146 Provencher Blvd, Winnipeg, MB. R2H 0G3 OR Fax To: 204-947-9954

TRIP DATE: _____

Section One: Personal Information

Full Name (as it appears on your passport): Title: please circle one (Master / Miss / Mr / Mrs / Miss)

First Name _____ Middle Name _____ Last Name _____

Preferred Name if different from your passport: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Passport Number (required before the time of departure): _____

Birthdate: _____ T Shirt Size: _____

Participant's Email Address: _____

Section Two: Dietary Restrictions

Any changes since your last trip with us? Yes, please list:

Section Three: Roommate Request (If any)

Section Four: Emergency Contact Information

Name: _____ Email Address: _____

Relationship to the Applicant: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Section Five: Medical Information

Has your medical information changed since your last trip with us? Yes, please explain:

Section Six: Refund Policy

1. Donations are NON-REFUNDABLE.
2. All requests for refund must be forwarded to STLI in writing.
3. Up to 100% of trip fees will be refunded until **three months prior to departure**.
4. Up to 50% of trip fees will be refunded until **one month prior to departure**.
5. After **2 weeks prior to departure**, no refunds will be given except for extreme circumstances such as death or severe illness/injury resulting in the individual being unable to participate. In such cases, up to 80% of trip fees may be refunded. Requests for refund must be accompanied by a death certificate or a doctor's note.
6. Trip fees cannot be forwarded towards a future trip with STLI.
7. Trip fees cannot be transferred to another participant.
8. I understand that if I would like travel insurance (including cancellation insurance and medical insurance) I need to contact Brent ASAP so he can include this for me at time of booking. (more information on Westjet insurance see <http://www.westjet.com/guest/en/travel-insurance/>)

I have read the above refund policy and understand it completely: _____
(Signature of Parent/Guardian or Participant if under 18 years old)

Signature: _____ Date: _____