



# Guatemala Snapshot Tour

## Application for Snapshot Tour

**Snapshot Tour Requested:** February 22-27, 2011\*  July 26-31, 2011\*  August 2-7, 2011\*

\*Participants should arrive in Guatemala on Tuesday. However, some exceptions can be made for a Wednesday arrival if absolutely necessary.

### Contact Information

Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Email address (required): \_\_\_\_\_

### Tour Information

Requested occupancy: Single (US\$1,075)\*  Double (US\$975)

**\*Note:** Occasionally the tour stays in a hotel that cannot accommodate all single occupancies. Single occupants will be reimbursed a portion of the cost per room night in which they must share a double occupancy.

If double occupancy, name of roommate: \_\_\_\_\_ or please assign me a roommate

Do you have a valid passport? Yes  No  Country of issuance: \_\_\_\_\_

If you do not have a passport, when do you expect to obtain it? \_\_\_\_\_

Spanish ability (none required): Fluent  Good  Fair  Minimal  None

Are you interested in being separated from your companion or group on bus rides in order to meet other participants (not required)? Yes  No

### Biographical Information

Our tour participants enjoy learning a little bit about their fellow travelers prior to arriving in Guatemala. If you prefer that we do not share the following information, please check here

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_

Rotary Club (if applicable): \_\_\_\_\_

Hometown: \_\_\_\_\_

Family: \_\_\_\_\_

Travel experience: \_\_\_\_\_

Anything else you would like to add: \_\_\_\_\_

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## Emergency Information

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX:  M  F

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

PHYSICIAN(S):	TYPE:	PHONE NO.:
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL CONDITIONS (e.g. - heart problems, diabetes, seizures, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

SIGNIFICANT PAST MEDICAL HISTORY (e.g. - surgeries, treatments, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS:	DOSAGE/TIME:	TAKEN FOR:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL ALLERGIES:  
\_\_\_\_\_  
\_\_\_\_\_

FOOD ALLERGIES/DIETETIC RESTRICTIONS (e.g. – diabetic, vegetarian, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Do you have medical training?  Yes  No  
Please specify: \_\_\_\_\_

\*This information is for staff notification in an emergency only.

## Application for Guatemala Snapshot Tour

### Release of Liability

I, \_\_\_\_\_, hereby state that I am participating as a volunteer to Guatemala of my own free and voluntary will and understand the risks involved in doing so. I understand that the Project Tour is conducted by the Cooperative for Education's Guatemalan affiliate, Asociación COED.

I further agree to hold harmless and release the Cooperative for Education and Asociación COED from any liability due to accident, illness, injury, travel by air, travel by ground transportation or acts of violence that may occur. I acknowledge notification of the availability of the U.S. Department of State's Consular Information Sheet, which lists current travel conditions and warnings regarding travel to Guatemala at [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1129.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1129.html).

I hereby state that I am adequately medically fit for the rigors of this trip, including, without limitation, high altitude (overnight stays at 5,000-8,000ft.), climbing two flights of stairs, walking 400 yards including some inclines, and the ability to survive a flu-like illness without serious risk to my overall medical condition. I have reviewed my own medical insurance and acknowledge that it provides sufficient medical coverage for me on this trip. I further agree that if any illness, injury or bodily harm should come to me while participating as a volunteer, that neither the Cooperative for Education nor Asociación COED is financially responsible in any way for medical care, transportation or any other costs that should arise.

I authorize the staff of the Cooperative for Education or Asociación COED to obtain emergency medical treatment under the supervision of a physician and/or surgeon, should treatment be necessary. I release the Cooperative for Education and Asociación COED from any claim whatsoever which arises on account of the obtaining of emergency medical treatment, or any administration of first aid, treatment, or service rendered in connection with my activities with the Cooperative for Education or Asociación COED.

I authorize the Cooperative for Education and Asociación COED to release any photos or news about my experience in Guatemala.

This Release of Liability shall be effective for all orientation meetings, and for the entire duration of the trip, including passage to and from Guatemala.

By checking this box, I indicate that I have read and agree to this Release of Liability and that I have personally completed this application.

By checking this box, I acknowledge that I thoroughly read and hereby agree to all Cooperative for Education and Asociación COED's terms and conditions, before making the program deposit. I understand everything that I have read, and I will fully abide by all of Cooperative for Education and Asociación COED's terms and conditions.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Not required for electronic applicants, who legally sign this Release of Liability by checking the boxes above.

## Checklist for Guatemala Snapshot Tour

(Keep for your reference)

Thanks for your interest in joining us for this fun and worthwhile experience. Please use this checklist as a helpful guide as you prepare for the Snapshot Tour.

**Mail your application & deposit**

Please complete and mail all four pages of the application to Cooperative for Education. Please include a US\$200 non-refundable deposit check payable to “Cooperative for Education” OR pay online at [www.coeduc.org/tours](http://www.coeduc.org/tours); choose “Pay for a Tour” on the left. You can help us greet you in Guatemala by providing a photo of yourself—any snapshot will do! We prefer a digital image emailed to [jennifer@coeduc.org](mailto:jennifer@coeduc.org), but you can also include a print with your application if you prefer. (Note: Sending a photo is optional & is not required to apply for the tour.)

**Wait for confirmation**

You will receive a confirmation that your spot has been reserved on the tour. If you do not receive this confirmation within 2 weeks of submitting your application, please email [jennifer@coeduc.org](mailto:jennifer@coeduc.org) to check the status of your application. Along with the confirmation, you will receive advice concerning immunizations and purchasing airfare.

**Obtain a valid passport**

You will need a valid passport to enter Guatemala. U.S. citizens should go to the State Department website at [www.travel.state.gov](http://www.travel.state.gov) and select passport services from the menu. Allow several months for processing.

**Purchase airfare**

Congratulations! Your trip is confirmed! Now it's time to purchase a plane ticket to Guatemala City (GUA). There are resources to assist you in finding lower-priced fares at [www.coeduc.org/tours/airfare.html](http://www.coeduc.org/tours/airfare.html). Your flight should **arrive anytime on Tuesday\*** and **depart anytime on Sunday**. (Note: Your Sunday morning departure will likely be from Antigua, about 1 hour from the Guatemala City airport. If you prefer to avoid a pre-dawn departure, please book your return flight accordingly.) **Please do not attempt to fly standby.**

\*Some exceptions can be made for a Wednesday arrival if absolutely necessary. If you must arrive on Wednesday, please contact Jennifer Sands at [jennifer@coeduc.org](mailto:jennifer@coeduc.org) BEFORE booking your flight.

**Send us your flight itinerary**

Please send your flight itinerary to CoEd as soon as possible, or by **July 1/Jan. 1** at the latest. Please include airline, flight number and time for all flights (including connections) so we can make arrangements for your transportation from/to the airport in Guatemala City.

**Get your immunizations**

Although no vaccinations are required for legal entry to Guatemala, the Centers for Disease Control (CDC) recommend vaccinations for **Hepatitis A, Typhoid** and any needed **booster shots** for routine immunizations (tetanus-diphtheria, measles-mumps-rubella, and/or polio). Vaccinations should be obtained 6-8 weeks before the trip for maximum effectiveness. Malaria medications should not be necessary as we travel out of mosquito range.

**Decide if you will extend your stay**

Many participants wish to extend their time in Guatemala to see even more of the beautiful country. For assistance with travel outside the tour, please visit our website at [www.coeduc.org/tours/travelagents.html](http://www.coeduc.org/tours/travelagents.html) for a list of several Guatemalan travel agencies. If you are arriving before the tour or staying after and need extra nights in Guatemala City, CoEd will make the arrangements for you. Please send your request to [jennifer@coeduc.org](mailto:jennifer@coeduc.org) by **July 1/Jan. 1**.

**Send us your final payment**

Please submit the balance of your payment to the CoEd office by **July 1/Jan. 1**. If you are sharing a room, the balance will be US\$775/person (for a total of US\$975, including the deposit). If you are not sharing a room, the balance will be US\$875 (for a total of US\$1,075, including the deposit). To pay online, go to [www.coeduc.org/tours](http://www.coeduc.org/tours) and choose “Pay for a Tour” on the left.

**More information is on its way...**

About a month before your trip you will receive a packet including a basic itinerary, packing advice, background on Guatemala, and other helpful information for your trip. If you have any questions, contact Jessica Stieritz: [jessica@coeduc.org](mailto:jessica@coeduc.org), 513-731-2595, x. 105.

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