



VOSH-MI Honduras 2020

Dates: March 27nd thru April 3rd
Hosts: La Esperanza Lions Club



Mission Participants: Looking for adventuresome individuals who want to spend a week in Honduras working to help the Honduran people improve their vision and eye health while experiencing a fantastic cultural exchange.

Travel: March 27nd Leave Grand Rapids Delta 6:00 AM flight arriving in San Pedro Sula Honduras 11:27 AM following a stopover in Atlanta. Return April 3rd arriving Grand Rapids about 11:41 PM.

Accommodations: Hotel Margaritas La Esperanza



Clinic Days: March 28th thru April 1st

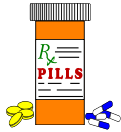


Estimated Mission Costs: \$1,850.00

This includes your hotel at the airport the night before we depart, airfare, most meals, lodging and transportation in Honduras. Other items included are VOSH - MI dues and 2020 Mission shirt. The only change in cost would be due to changes in airport taxes, which will not be determined until our final payment to the Airlines is made in the First week of February.



Passports: You will need a current Passport. If you do not have one, applications are available through your county clerk or a local travel agent. **NOTE:** These can take up to 6 months to obtain please do not wait until the last minute to arrange for a passport. Honduras requires a minimum of 90 days before your passport expires to enter their country.



Immunizations/medications:
No immunizations or medications are required to enter Honduras. Our doctor suggested the Hepatitis-B and Hepatitis- A vaccinations. (this takes 6 months to complete), a current tetanus vaccination and oral typhoid or a typhoid vaccination. Ask your doctor to see what he/she says.

\$\$ Payments:

Deposit \$925.00 Due December 1, 2019
Final \$925.00 Due January 15, 2020

If you are interested in going but not able to send me your deposit, please give me a call.

Bob Foote, OD (W) 231-935-8101
5199 N. Royal Dr. (H) 231-946-1981
Traverse City, MI 49684 (C) 231-590-0681
bobfooteod@hotmail.com

By November 1, 2020 please return this page with your **Deposit**, a **copy of your Passport** (if you need to get your passport send a copy as soon as you receive it) and Doctors a copy of your current license. Make checks out to: **VOSH-MI** and send to:

Dr. Bob Foote, 5199 N. Royal Dr., Traverse City, MI 49684.

Name _____ Birth Date / / _____.

Address _____ City _____ State _____ Zip _____.

Phone H _____ W _____.

Cell _____ E-mail _____.

Shirt Size: SMALL MEDIUM LARGE X-LARGE XX-LARGE

Beneficiary for travel Insurance _____.

Emergency Contact _____.

Phone (Cell) _____ (H) _____.

Allergies/ Reactions _____.

Medications _____.

_____.

Other Information _____.

_____.

I agree to hold harmless and relieve of all liability the directors and team leaders of VOSH Michigan for any accident or illness which may befall me during a VOSH sanctioned trip.

Signed _____ Date _____.

Signed _____ Date _____.