



AFRICA NEW LIFE

Financial Agreement Form

1. I have read and understood the terms of Africa New Life's Financial Policies and how my trip budget will be formed. Africa New Life will create a budget tailored for my team and individual situation.
2. I understand that full trip balance is due two (2) weeks before departure. If funds are not received before this timeframe, Africa New Life will charge your credit card on file for the amount outstanding. You will be notified via email of this pending charge.
3. I have read and understood the process of booking Airfare through Africa New Life. I understand that the ticket will be purchased on Africa New Life's office credit card, and I am responsible for the ticket cost, even if I cancel my trip.
4. I have read and understood Africa New Life's Cancellation Policy. If I cancel my trip, I will be responsible for any incurred fees as a result of my cancellation. Once Africa New Life's costs are covered, Africa New Life will return any monetary funds I have personally submitted, with the exception of the non-refundable deposit.
5. Due to audit regulations, 3rd party donations toward my trip cannot be refunded under any circumstance.
6. I understand that Africa New Life will arrange my travel medical insurance. In the event that I require medical attention in Rwanda, Africa New Life will cover the expenses in Rwanda. Upon my return, I will submit any insurance claims in a timely manner to reimburse Africa New Life for the medical expenses incurred on my behalf during the trip.

I have read and agreed to the above policies, rules, and terms.

Name (Printed)

Signature and Date

Legal Guardian if under 18 (Printed)

Signature and Date

Relationship to Minor