



MISSION TRIP CONTRACT

Please complete this contract by typing in the fillable, yellow sections, print, sign and return.

ORGANIZATIONAL INFORMATION:

Team Name:

Estimated Number of Participants:

Leader/Contact:

Address:

Telephone Number(s):

Fax Number:

Email(s):

TRIP DATES:

NOTE: Ministry dates/camps will be confirmed ONLY when REQUIRED DEPOSIT and SIGNED CONTRACT are returned to Livada. First come, first serve basis.

Please list your preferred dates: (ex. July 3-9, 2027)

FINANCES AND GUARANTEE:

All monies are due to Livada Orphan Care PRIOR to departure.

Trip Fees Per Participant (average 9 day trip):

- \$725.00 Ministry Fee (Camp, baby hospital and outreach fees) +
- \$875.00 Participant fee (In-country expenses, travel preparation and administrative fees) +
- Airfare*

*Airfare is purchased separately per team. Livada will provide a travel agent contact to help schedule your trip upon request.

A \$1500.00 non-refundable deposit is due on or before MARCH 15th for ALL SUMMER Mission Trips.

A \$500.00 non-refundable deposit is due 90 DAYS OUT from Departure Date for all NON-SUMMER trips.

For all Summer Trips (coded SM), each team will be provided a separate list of camp supplies of which they will be responsible to obtain and transport to Romania for use during the week of their participation.

DEADLINES for Summer Trips (coded SM):

February 15 Team Deposit and Contract Due - \$1500
April 1 Final team list with completed Applications and Forms Due
April 8 First Payment Due (one third)
May 1 Flight itinerary/travel schedule booked
May 6 Second Payment Due
May 31 Final Payment Due

DEADLINES for Non-Summer Trips from Departure Date:

90 days out Deposit Due - \$500
75 days out Final team list with completed Applications and Forms Due
60 days out First Payment Due (one third)
45 days out Flight itinerary/travel schedule booked
30 days out Second Payment Due
15 days out Final Payment Due

Note: Emergency changes to participant names/number can be made prior to the departure date. Livada must be informed of change immediately and any standing/additional expenses incurred with change are the responsibility of the changing party.

CANCELLATION POLICY:

Please understand that your commitment to Livada Orphan Care is also a commitment to the orphan children of Romania. Without your financial commitment to your specified week(s) ministry/camp will not be possible.

We agree to pay the total of the above amounts on or before the Final Payment Due Date.

We understand that ALL deposits are non-refundable upon receipt.

If participating in a summer trip, we commit to pay a Ministry Fee of \$8000.00 OR an amount designated by Livada if we CANCEL this contract after the initial Deposit Date UNLESS we or Livada can find a replacement team of equal or more participants.

I have personally, for and on behalf of [REDACTED] (Organization/Team), read all pages of this contract and agree with all terms and conditions.

***PAYMENTS ARE TO BE MADE OUT TO LIVADA ORPHAN CARE AND MAILED ALONG WITH THIS SIGNED CONTRACT TO: LIVADA ORPHAN CARE, 2001 W. PLANO PKWY, STE 3430, PLANO, TX 75075.**

TEAM/ORGANIZATION NAME

2001 W. Plano Pkwy, Ste 3430 | Plano, TX 75075

972-941-4416

livada.org

missiontrips@livada.org

SIGNATURE (*Senior Financial Officer)

TITLE

DATE

*The person signing this contract must be a senior officer of the above named organization and have the authority to bind this organization to the contract.

Livada Orphan Care use Only	
_____ SIGNATURE	FINALIZED TRIP DATE
_____ TITLE	_____
_____ DATE	

Upon receipt of this contract, Livada Orphan Care will sign and return a copy to the above organization.