



Dear Zambia Outreach participant,

Christian greetings! Thank you for your interest in attending this outreach to Chingola, Zambia from 28 September – 10 October 2011. This letter contains very important information; please study it and the following documents carefully:

- **Registration Form**
- **Indemnity Form**

### **REGISTRATION FORM**

- Please read this letter and all the instruction carefully before completing the **REGISTRATION FORM**.
- Fill out the **REGISTRATION FORM** completely, using black ink.
- Limit remarks to space provided, but answer all questions clearly and fully. **Incomplete forms will be returned.**
- Once completed, fax your **REGISTRATION FORM** with the signed **INDEMINITY FORM** to 086 656 2831, or you can e-mail it to [belinda@hey.org.za](mailto:belinda@hey.org.za).

### **OUTREACH FEES:**

- The fee for participating in the Outreach is:
  - From CPT – R3200 - **R1600 to be paid by 20 August 2011 – balance due on 31 August.**
  - From JHB – R2200 - **R1100 to be paid by 20 August 2011 – balance due on 31 August.**
- Closing date for applications and deposit is 20 August 2011.
- Closing date for fees to be paid is 31 August 2011.
- Bank details: Hope Explosion Youth Ministry, FNB, Branch code: 200512, Acc nr: 62300088855, Reference: Zambia, Initials & Surname (e.g. Zambia, B Bothma)
- Late entries will have a different amount due to airfare at that stage.

### **GENERAL INFORMATION:**

- A “*What to pack*” list will be forwarded to each participant on receiving a complete **REGISTRATION FORM & INDEMINITY FORM**.
- You will receive 3 meals per day. Due to poverty & hygiene we request that you bring your own cutlery.
- You need to be older than 16 years of age to participate.
- You will need to get a “**Yellow Card**” from a Traveling Clinic that indicates that you had your **Yellow Fever Injection (14 days prior to departure)** as well as **Malaria medication**. Without the above you will not be allowed to board the Bus and needless to say, you will forfeit your registration money. (*Since all the bookings was done and paid for end of Aug.*)
- **Traveling Clinics** – Netcare hospitals, M-Kem Pharmacy’s or ask your doctor. (*M-Kem Durban Road, Bellville*)
- Compulsory for traveling to Zambia: Yellow Fever (R245 – R475) and Malaria (R60 – R400) (*M/Aid cover this!*)
- Other suggestions: (*depending on yourself*)
  - Hepatitis A & B
  - Typhoid
  - Measles, Mumps, German Measles
  - Tetanus, polio, weeping cough
- Please ensure you have the following in place before the 14<sup>th</sup> of September 2011.
  - A valid passport
  - Medical / Travel insurance
  - Yellow Card
  - If on any medication – Letter from your doctor stating why you need it to accompany you on the journey.

**If you need help with any of the above, please contact Belinda on 073 835 5084.**

**Thank you once again for your interest in attending the Zambia Outreach; we look forward in seeing you there.**



## HEY! ZAMBIA OUTREACH

### REGISTRATION FORM

To be filled out for each outreach participant

#### PERSONAL INFORMATION:

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: MM/DD/YYYY: \_\_\_\_\_

ID number: \_\_\_\_\_ Gender: M / F (please circle)

Age: \_\_\_\_\_ T-Shirt Size: S / M / L / XL / XXL / XXXL (please circle)

#### PASSPORT INFORMATION: (Attach a copy of your passport)

Please give the information exactly how it is in your passport.

Full names and surname: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

\_\_\_\_\_ I do not have a valid passport. I applied for a passport on \_\_\_\_\_

#### PASTOR'S / CHURCH LEADER'S CONTACT DETAILS:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

#### EMERGENCY CONTACT DETAILS:

Full name: \_\_\_\_\_ Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

#### TRAVEL INSURANCE: (please make sure we get a copy of document)

Organisation: \_\_\_\_\_ Policy number: \_\_\_\_\_

Tel nr: \_\_\_\_\_ Period of insurance: \_\_\_\_\_





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## INDIVIDUAL LIABILITY RELEASE FORM

We hereby release HOPE EXPLOSION YOUTH MINISTRY (H.E.Y!) and its staff and volunteers from any liability whatsoever. These may include any illness, injury, damage, or loss that may occur during the course of involvement with HOPE EXPLOSION YOUTH MINISTRY (H.E.Y!), by means of reconciliation or arbitration and waive any right to pursue action by way of litigation.

We hereby understand that HOPE EXPLOSION YOUTH MINISTRIES (H.E.Y!) does not provide health insurance. We also understand that it is the responsibility of the participant or any enrolled group to purchase travel insurance. HOPE EXPLOSION YOUTH MINISTRIES (H.E.Y!) will not cover any cost incurred by injuries, illness or death.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian required if the applicant is under 18 years of age:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

## HEY! PHOTO RELEASE

I, (please print your name) \_\_\_\_\_, give HEY!, the right and permission to use my photograph in its promotional material and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct mail piece, electronic media (e.g. video, CD-Rom, Internet), or other form of promotion. I release HEY! from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years of age, the signature of a parent or responsible party is required.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_