



**Registration Form**

**(Internal Use only, Please ✓ the appropriate box)**

I will participate in:  Track A (July 4-7, 2016)       Track A + B (July 4-14, 2016)

**Personal Information**

English Name (First Name): \_\_\_\_\_ (Last Name): \_\_\_\_\_

Chinese Name (if any): \_\_\_\_\_ \*Both English and Chinese names have to be identical with what is on your passport

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ YYYY / MM / DD

Nationality/Citizenship: \_\_\_\_\_

Age:  Under 18     18-22     23-26     27-30     Over 30      Gender:  Male     Female

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

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Mobile Phone: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_

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

Year of Conversion: \_\_\_\_\_ Baptised:  No     Yes (Date: YYYY / MM Church: \_\_\_\_\_ )

Current Affiliated Church: (Full Name) \_\_\_\_\_

Level of Education Completed:  High School       Undergraduate       Graduate

Other, please specify: \_\_\_\_\_

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

**Health**

Emergency on-site health support cannot be guaranteed, in the case that anything happens, it will be a priority to access the local health institutions at the respective locations in Track A and Track B.

Have you ever been admitted into hospital due to a health condition?

No     Yes, (Date: \_\_\_\_\_ Condition: \_\_\_\_\_ )

Current health condition:  Excellent       Good       Average       Poor

Emotional condition:     Stable       Occasionally unstable       Unstable       Very unstable

Are you currently taking any prescription medication?

No     Yes, (Condition: \_\_\_\_\_ )

Special Needs  Physically disability       Visually-impaired

Other, please specify: \_\_\_\_\_

Food allergies:  Not Applicable       Yes: \_\_\_\_\_

Do you have any known allergies to medical substances?

No     Yes, please specify: \_\_\_\_\_



**Language**

Proficiency / Language	English	Cantonese	Mandarin	French	Spanish	Other, please specify
First Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

English is primary language at this conference. Do you need Mandarin translation?

Yes      No      Other language: \_\_\_\_\_

**Spiritual Life**

Devotion Time: Daily    Occasionally    None    Others: \_\_\_\_\_

Have you been trained in: Group Leader    Discipleship    Worship Leader    Preaching  
Personal Evangelism    Sunday School Teacher    Others: \_\_\_\_\_

Have you ever led anyone to faith in Jesus Christ? Yes      No

What are your spiritual gifts, technical talents and skills: Preaching      Teaching      Evangelism  
Leading Worship      Leading small groups      Administration      Graphic Design  
Pianist      Multimedia editing skills (e.g. video, audio)  
Other musical instruments, please specify \_\_\_\_\_  
Others (e.g. health support) \_\_\_\_\_

Are you willing to serve at the conference by using your gifts, talents and skills? Yes (we will contact you)

**Reference Details**

Please give reasons for applying to this conference: \_\_\_\_\_

Do you have any overseas mission experience? No      Yes, please write briefly about your experience  
of that mission trip (including the date, destination, etc.): \_\_\_\_\_

**Travel Experience**

Any overseas travel experience: No      Yes      Destination: \_\_\_\_\_

Adaptability to different culture: Excellent    Good    Average    Poor    Very poor

Areas of difficulties to adapting: \_\_\_\_\_



**Other Opinions**

Does anyone disagree with your application to this event?  No  Yes, why? \_\_\_\_\_

Did anyone encourage you to join this event?  No  Yes, why? \_\_\_\_\_

**Other Requests (Please specify)**

**Conference Fee Calculation**

Registration Fee	On/Before February 1, 2016.....	<input type="checkbox"/> CAD \$0	<b>→ \$</b>
	After February 1, 2016 .....	<input type="checkbox"/> CAD \$50	
Track A	A1: With accommodation, room shared .....	<input type="checkbox"/> CAD \$550	
(July 4-7, 2016)	Preferred Roommate _____		<b>→ \$</b>
	A2: With accommodation, single room.....	<input type="checkbox"/> CAD \$800	
	A3: Without accommodation .....	<input type="checkbox"/> CAD \$150	
Track B	B1: Panama .....	<input type="checkbox"/> CAD \$1250	
(July 7-13, 2016)	B2: Peru .....	<input type="checkbox"/> CAD \$1350	<b>→ \$</b>
	B3: Canada/Quebec.....	<input type="checkbox"/> CAD \$800	
	B4: Not join Track B .....	<input type="checkbox"/> CAD \$0	
(July 13-14, 2016)	<u>Return Toronto after Track B</u>		
	C1: With accommodation, room sharing .....	<input type="checkbox"/> CAD \$200	
	Preferred Roommate _____		<b>→ \$</b>
	C2: With accommodation, single room.....	<input type="checkbox"/> CAD \$330	
	C3: Without accommodation .....	<input type="checkbox"/> CAD \$70	
	C4: Not join Track B .....	<input type="checkbox"/> CAD \$0	
Additional Fee	<u>Airport Pickup and Drop Off</u>		
(Optional)	<input type="checkbox"/> Airport Pickup .....	<input type="checkbox"/> CAD \$10	
	<input type="checkbox"/> Airport Drop Off.....	<input type="checkbox"/> CAD \$10	
	<u>Extra accommodation in Toronto (CAD \$90/night/room)</u>		
	<input type="checkbox"/> Before Track A .....	\$90/night X _____	<b>→ \$</b>
	Check In Date _____	YYYY / MM / DD	
	<input type="checkbox"/> After Track A or <input type="checkbox"/> After Track B .....	\$90/night X _____	
	Check Out Date _____	YYYY / MM / DD	
	<u>Trip to Niagara Fall (July 7, 2016)</u>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	TBA	

\*The above rates include travel costs to the option sites from Canada, but DO NOT include the airfare to Canada or any visa application costs.

**Total:** \_\_\_\_\_

**Air Travel Itinerary and Transportation Arrangement, if you know**

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_ Flight # \_\_\_\_\_  
 Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Flight # \_\_\_\_\_

Do you require transportation required between airport and hotel?  No  Yes



**Preference for Track B**

Please indicate your order of preference for your Track B location by filling in the blanks below. Use '1' for your first choice, '2' for your second choice, and, '3' for your third choice. The Planning Committee will try to place you to your preferred location for Track B. However, your top choice cannot be guaranteed, as the decision is contingent on the amount of available spots per location and the distribution of preferences of other delegates.

Panama (\_\_\_\_\_)

Peru (\_\_\_\_\_)

Canada/Quebec (\_\_\_\_\_)

**Emergency Contact**

Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_

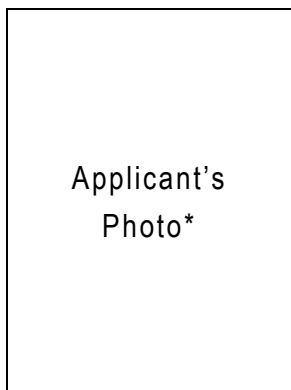
Email: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

**Referee**

Please ask your church's pastor, elder or deacon to sign as your referee.

Name of Referee: \_\_\_\_\_  Pastor  Elder  Deacon

Contact phone number and email of Referee: \_\_\_\_\_



\_\_\_\_\_  
 Signature of Referee YYYY / MM / DD  
 Date

Name of Applicant: \_\_\_\_\_

Name of Church: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant YYYY / MM / DD  
 Date

\*Please impress the stamp of your Alliance Church on the photo.

**NOTES:**

1. Unfortunately, due to the limit of the conference venue and limited group sizes for location visits, we cannot guarantee successful registration. We endeavour to be Spirit-led and fair in the selection process.
2. The applicant is responsible for getting travel insurance and a valid travel visa to Canada and Panama/Peru prior to travelling to Canada. We will contact you as soon as possible once we confirm your Track B assignment.
3. The purpose and use of the information collected above will enable the CAWF RendezVous 2016 organizers to better serve you at this conference. It will allow us to manage the registration, plan and coordinate the programs and activities, and provide a safe environment at this conference. The information will be kept strictly for the purpose of the CAWF ministry. Your personal information will not be disclosed to other organizations. By completing this registration form you give consent for CAWF to retain this information and use it for the conference purpose.
4. The early bird discount of \$50 will be granted to registration submitted by latest February 1, 2016. The deadline for registration is March 7, 2016.



**Consent Form**

I, \_\_\_\_\_ HEREBY ACKNOWLEDGE that I will join “CAWF Rendezvous 2016”, the trip to Toronto, and nearby area, and optionally to the short term mission location, from \_\_\_\_\_ to \_\_\_\_\_.

**I AGREE :**

1. To follow the directions of the team / mission leaders.
2. That all expenses which I incur while on this visit will be met by me out of my own personal resources.
3. That neither I nor anyone else on my behalf shall in the event of my death, injury, illness or other mishap either to me personally or to any other person by my negligence lay any claim or make any demand against the said organization or any of its members and I HEREBY AGREE to indemnify the said organization, church and its Members in respect of any such claim or demand made by any third party in respect of any such negligence or breach of duty on my part.

Signed By: \_\_\_\_\_ Date : \_\_\_\_\_

Name: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Witness by : \_\_\_\_\_ Date : \_\_\_\_\_

Name of Witness : \_\_\_\_\_ ID / Passport No. : \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_