



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	→ \$
	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 _____		→ \$
	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	→ \$
	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 _____		→ \$
	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 _____	→ \$
	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: _____

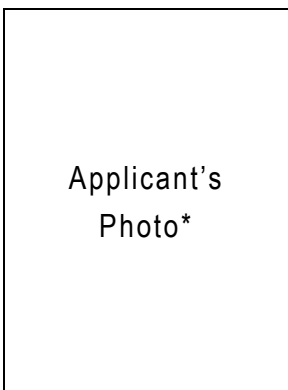
Email: _____ Phone No.: (____) _____

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.: () _____