



New Zealand Charitable Trust CC27410
PO Box 2405, Wakatipu, Queenstown 9349, New Zealand
For an up-to-date list of all shop addresses, visit us online
www.orphansaidinternational.org
mail@orphansaidinternational.org

0800 ORPHAN
0800 677 426

Registration Form: Uganda / Kilimanjaro Challenge 2019

It's going to be an incredible experience! Thank you so much for your interest in attending our supporters trip to Uganda and Tanzania including trekking Mt Kilimanjaro Sept 27th – Oct 12th 2019.

Below is a registration form that must be completed and returned to us by March 31st. We will then confirm if you have been successful in securing a place on the trip by mid April (numbers are limited and interest in the trip has been high). If trip attendance is confirmed, a deposit of \$1000 (which includes \$500 deposit on the trek) is due by April 30th.

As mentioned in our previous outline, the hosted visit begins in Entebbe, Uganda and ends in Moshi, Tanzania. All participants are responsible for the cost and organisation of travel to and from the start and end point of the trip. Once numbers are confirmed we will also be able to quote the air travel between Uganda and neighbouring Tanzania. Our time in Entebbe will allow those travelling from NZ to adjust to the local time zones and hopefully overcome the jet lag before heading to Tanzania. You may of course arrive earlier to help with this but the trip will not start officially till 6pm Sept 27th.

Please familiarise yourself with the indicative costings to ensure you understand what is included and not included in the trip fees. We would recommend you budget an extra NZD \$60 per day for other meals as well as any spending money you require, and of course a budget for tipping.

The trip fee of \$1010 NZD and the trek fee for Mt Kilimanjaro of \$1987 USD are due in total by July 30th 2019. We will be fundraising for our Imuka Family Strengthening Project as part of the challenge and will be setting up fundraising pages for sponsorship and/or support. Ryan from the Orphans Aid office, Queenstown, will be in touch with you on this once your registration is accepted. We also hope to be able to gain some media interest along the way. We will also invite you to be part of a closed group on Facebook as we prepare and share ideas and tips together.

Please complete the following registration form and agreement then return it to our office by March 31st 2019.
Note: The name you use below must match the name in your passport.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred Name	<input type="text"/>		
Street number & name	<input type="text"/>	Suburb	<input type="text"/>
City	<input type="text"/>	Post Code	<input type="text"/>
Email Address	<input type="text"/>		



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Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Occupation	<input type="text"/>
DOB (DD/MM/YYYY)	<input type="text"/>	Gender	<input type="text"/>
Valid Passport (Y / N)	<input type="radio"/> Yes <input type="radio"/> No	Passport No.	<input type="text"/>

*(Note: Due to Tanzanian customs laws, your passport must be valid for **6 months beyond** the date of receiving your Tanzanian visa and/or date of entry)*

Expiry Date	<input type="text"/>	Nationality	<input type="text"/>
Food Allergies	<input type="text"/>		
Accommodation	<input type="radio"/> Single Room (additional cost)	<input type="radio"/> Share Twin	
Preferred Roommate	<input type="text"/>		

Please indicate if you have any pre-existing medical conditions, criminal convictions and/or communicable diseases (*a Police check will be completed if you are selected for the trip*). Failure to disclose these now could mean you are excluded from the trip and forfeit all monies paid.

Criminal Conviction	<input type="radio"/> Yes	<input type="radio"/> No
Communicable Disease	<input type="radio"/> Yes	<input type="radio"/> No
Pre-existing medical conditions	<input type="radio"/> Yes	<input type="radio"/> No

If yes, please provide details:

Emergency Contact	<input type="text"/>	Phone	<input type="text"/>
Email Address	<input type="text"/>		





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During our Ugandan visit we have allowed time to visit some local attractions near Jinja, this will include a scenic drive to Jinja travelling through the Mabira forest and driving past tea and sugar cane plantations. These extras are included as part of the trip fee. Please indicate which activity/option you are likely to be most interested in as this will assist us in making the necessary bookings.

- Whitewater rafting (no experience necessary, but water confident)**
- Horseback safari (no experience necessary)**
- ATV/Quad biking safari (no experience necessary)**
- None of the above - relax at the camp.**

Thank you for your registration. Please scan the completed forms to events@orphansaidinternational.org or post to Orphans Aid International PO Box 2405 Wakatipu, Queenstown 9349.

Cancellation Fees

Please note in the event of cancelling due to unforeseen situations, Orphans Aid International will refund 50% of the \$500 registration fee up until July 31st.

Of the \$500 trekking fee up until July 31st, 20% of this will be retained by the tour guides and the remainder refunded. If a cancellation is made in writing between 14 days and 29 days prior to the trek 50% of the trek fee will be retained by the tour company. Less than two weeks notice prior and there will be no refund. 100% will be retained by the tour company.

On receipt of all trip fees and/or after July 31st through to Aug 31st Orphans Aid International will refund 50% of the trip fee component. After Aug 31st there will be no refund. We strongly recommend comprehensive insurance is purchased at the same time as airfares and deposits are made.

Insurance recommendations for Mt Kilimanjaro trip to follow. We will require insurance which covers 6000 metres above sea level.

Please continue to Agreement & Disclaimer on next page.



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Agreement & Disclaimer

I, _____ have read and understand all of the information provided in this registration form and this Agreement & Disclaimer relating to the Orphans Aid International ("OAI") Supporters Hosted Visit to Uganda and Tanzania including Mt Kilimanjaro scheduled for Sept 27th through to October 12th 2019 ("the Trip").

The information I have provided above is accurate and true to the best of my knowledge and belief. In consideration of OAI agreeing to me attending the Trip, I agree to the following:

1. I will arrange (and provide evidence of) comprehensive travel insurance acceptable to OAI. I am in good health, and will advise OAI of any disability and/or pre-existing medical condition and any special dietary requirements in a letter accompanying this application.
2. I accept that if I am subsequently unable to attend the Trip, then any payments are non-refundable and non-transferable. I grant OAI the right to use my image in any photo or video, and my voice or testimonial in any form of promotional or advertising materials. I shall abide fully by any additional rules and requirements by the Trip host.
3. I acknowledge that all travel includes inherent risks, such as transportation failure, transportation accident, illness resulting from food-borne or water-borne pathogens, and the risk of kidnapping or terrorism. Although OAI will take all reasonable measures to avoid harm to me during the Trip, I acknowledge that OAI cannot and will not give any guarantees of my safety or my property.
4. I personally assume all risks and liabilities in connection with my participation in the Trip and agree to release and hold OAI harmless from all liability for harm to me or my property, resulting directly or indirectly from my participation in the Trip, including but not limited to, liability for harm or loss resulting from transportation failure, accident, illness, disease, kidnapping, terrorism, civil unrest or any other cause whatsoever, even if OAI is allegedly or actually negligent.
5. If I am injured during the Trip and I am unable at the time to authorise medical treatment, I consent to OAI authorising, on my behalf, dental, medical, or surgical treatment, including but not limited to X-rays, anaesthetic, or anaesthesia being administered, by any suitably qualified medical professional chosen by OAI. I understand and agree that this consent is given to encourage OAI and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. I personally assume the liability for payment of any physician, dentist, surgeon, hospital, clinic, or ambulance service and shall reimburse OAI for any payment made on my behalf.

Signature _____

Dated this ____ day of _____ 2019

Witnessed by
(Printed Name) _____

Signature _____

Dated this ____ day of _____ 2019



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