APPLICATION FORM

LWF BACKSTAGE PASS - NAMIBIA

MAY 2016





PERSONAL DETAILS

TitleFirst Name	Last Name		
Personal Address			
Country			
Email address			
Mobile Phone number			
Date of Birth			
EVENT COSTS (Please mark X)			
will cover my own travel costs to and from Wind will pay for my own food and accommodation co		Yes □	No 🗖
during the trip (See further information on websit	,	Yes □	No 🗖
donated towards the work of the churches in Nar	•	Yes □	No □
VISA AND PASSPORT (Please mark X)			

Are you eligible for a tourist visa for Namibia?	Yes □	No 🖵
Do you hold a valid passport?	Yes □	No □
INSURANCE DETAILS (Please mark X)		
I understand that I need to organize my own travel insurance.	Yes □	No 🗆
I will send details of my insurance to the LWF in advance of the trip.	Yes □	No □
HEALTH (See also the Information Sheet)		
Do you consider yourself to be in suitable health for this trip?	Yes □	No □
Do require any regular medication? (if YES, please give details)	Yes □	No □
Details of medication		
MEALS / SPECIAL NEEDS		
Do you have any special dietary requirements?		
Do you have any special dietary requirements? (if YES, please give details)	Yes 🗖	No □
(if YES, please give details) Within available possibilities, efforts will be made to respond to speci		
(if YES, please give details) Within available possibilities, efforts will be made to respond to specific guarantee can be given	al requests; howe	ever no
(if YES, please give details) Within available possibilities, efforts will be made to respond to speciguarantee can be given Special meal requirements	al requests; howe	ever no
(if YES, please give details) Within available possibilities, efforts will be made to respond to speciguarantee can be given Special meal requirements Food allergies	al requests; howe	ever no
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(if YES, please give details) Within available possibilities, efforts will be made to respond to speciguarantee can be given Special meal requirements	al requests; howe	erms and

CHURCH ENDORSEMENT

am pleased to endorse				
If necessary, we will support their fundraising effort	orts			
in order for them to participate.				
		Yes □	No □	
TitleFirst Name	Last Name			
Position				
Name of Church				
Church Address				
Email address				
Church website address (if applicable)				
Signature	Date			
Please return this completed application form bef	ore 31 January 2	016 to:		
Mr David Cooke The Lutheran World Federation 150 Route de Ferney Po Box 2100 CH-1211 Geneva 2 Switzerland Tel: +41 22 791 6626; Fax: +41 791 6626 E-mail: dco@lutheranworld.org				
For Official Use by the LWF				
Date Received by LWF		Ref No		