

# The Uganda Experience Application

Mail your application to:

Kirabo, 345 Bloor St. East, P.O. Box 72567, Toronto, Ontario, M4W 3S9

Please type or print clearly.

## **Your Information**

Name of participant (as on passport)

\_\_\_\_\_ (surname) \_\_\_\_\_ (given names)  
\_\_\_ Female \_\_\_ Male

Address: \_\_\_\_\_  
(street and number and apartment)

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Occupation/Field of Study: \_\_\_\_\_

Employer/school: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Citizenship: \_\_\_\_\_

In what capacity you would like to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

## **Parent/Guardian's Information**

(If the participant is under the age of 18 a parent/ guardian must fill out the following)

Parent/Guardian's name:

\_\_\_\_\_ (surname) \_\_\_\_\_ (given names)

Address: (if different from participant)

\_\_\_\_\_ (street and number and apartment)

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other Information**

Education (highest level reached)

School	Location	Major/Degree	Date of Graduation

Other Skills and talents: (artistic, musical, athletic, technical etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cancellation Protection and Medical Insurance: (must check one)

I ask that you pay for cancellation insurance of \$125 and have included it in the fee payment

I ask that you do not pay for cancellation insurance and understand that I will forfeit the cost of the flight if I am unable to go

(Please read and check the following)

I understand that I must purchase medical insurance and I am ineligible to participate unless I do so

**Payment**

Cheque made payable to "Kirabo Canada Seminars" (Send to: 345 Bloor St. East., P.O. Box 72567, Toronto, Ontario, M4W 3S9)

Paypal

Mastercard/Visa

