# application form

LWF Backstage Pass – Nepal

25 October – 7 November 2014

Please read carefully the terms and conditions.

## personal details

Title …….First Name Last Name

Personal Address …

Country

Email address

Mobile Phone number

Date of Birth

## event costs (Please mark X)

I will cover my own travel costs to and from Kathmandu. Yes ❑ No ❑

I will pay for my own food and accommodation costs

during the trip (See further information on website). Yes ❑ No ❑

I commit to raising 1,100 Euros (1,500 US dollars) which will be

donated towards the work of the LWF in Nepal. . Yes ❑ No ❑

## visa and passport (Please mark X)

Are you eligible for a tourist visa for Nepal? 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 physically fit to walk 6 – 7 hours a day? 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?

(if YES, please give details) Yes ❑ No ❑

Within available possibilities, efforts will be made to respond to special requests; however no guarantee can be given

Special meal requirements

Food allergies

Any other special needs

## declaration

By signing below, I confirm that I am over 18 yrs and have read and agree with the Terms and Conditions of this event.

Signature Date

## church endorsement

I am pleased to endorse ……………………………… (Applicant’s Name) who is applying for a place on the LWF Backstage Pass. (S)he is an active member of our church.

If necessary, we will support their fundraising efforts

in order for them to participate.

 Yes ❑ No ❑

Title ……...First Name Last Name

Position …

Name of Church …

Church Address …

Email address

Church website address (if applicable)

Signature Date

Please return this completed application form before **30 June 2014** 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. …………………………..**