

Impact South Africa

3rd World Conference on Youth and Community Service

Pretoria, South Africa

July 1-13, 2013

Please mail your application form and registration fee to your conference/mission youth director.

DEADLINES

The registration fee is US\$200 if received by September 30, 2012. After September 30, 2012, the fee will be US\$250. No applications will be accepted after March 31, 2013.

REFUND POLICY

The registration fee is transferable, but not refundable. EXCEPTIONS will be considered for medical and family emergencies or visa refusal. Documentary verification will be required.

PERSONAL INFORMATION

Last Name:	First Name, Middle I:		
Date of Birth:	Age:	Gender	F M
Address :			
Street:			
Suburb:	State:		
Postcode:	Country:		
Conference/Mission:	Union:		
Division:	Email:		
Phone Number (with country code):			
Please indicate your first language			

Please check applicable secondary languages:

English French Spanish Portuguese Other: _____

I will participate in the following (please check):

Service Projects (July 1-5 and Sabbath ceremony) Evangelism (July 1-5 and Sabbath ceremony)
Congress (July 8-13)

INSURANCE AND MEDICAL INFORMATION

We recommend that each delegate purchase short term travel insurance through Adventist Risk Management. This can be done through your division. However, each delegate must have insurance for medical expenses and accidental death to be acquired through your Conference/Mission, Union, or Division. We highly recommend the denominational insurance, which will be the responsibility of each delegate or group leader to process. NO APPLICATION WILL BE ACCEPTED WITHOUT MEDICAL/ACCIDENTAL DEATH INSURANCE. Please attach a copy of your insurance certificate to your application.

Please indicate any medical conditions our medical team should be aware of:

Allergies YES NO
 Respiratory Condition YES NO
 Diabetes YES NO
 Epilepsy YES NO
 Heart Condition YES NO
 Asthma YES NO
 Drug Reactions YES NO

Other: _____

If you answered yes to any of the above, please elaborate below:

Condition: _____

Medication Required: _____

Drug/Food Reactions: _____

Each delegate is also responsible for obtaining the necessary vaccinations to enter South Africa, in addition to common vaccinations one should have for travel. Yellow fever certificates are required if the journey begins in or includes the yellow fever belt of Africa or South America.

For additional travel information, see the travel safety booklet "Safely There and Back" at Adventist Risk Management's website: <http://www.adventistrisk.org/Prevention/SafetyResourceBooklet.aspx>

EMERGENCY CONTACT INFORMATION

Name:	Relationship to you:
Phone number:	Email:

VISA

Each delegate must apply for his/her own visa. Please consult the South African embassy, consulate, or travel agent in your territory for the appropriate procedures.

You can read more at <http://www.southafrica.info/travel/documents/visas.htm#ixzz1b3SGMSfo>

PARENTAL CONSENT

If you require parental consent based on the legal age requirements of your native country, please provide the following:

_____ has my permission to attend the WCYCS.

(Name of Delegate)

Name of Legal Guardian:	
Signature of Legal Guardian:	Date:

YOUTH DIRECTOR'S SIGNATURES

Delegates: The completed application must be turned in to your local youth director for approval.

Youth Directors: All forms must be completed and signed by all responsible parties prior to sending it to the General Conference Youth Ministries Department.

Name of Conference/Mission: _____

Signature of Youth Director: _____

Name of Union: _____

Signature of Youth Director: _____

Name of Division: _____

Signature of Youth Director: _____

WORKSHOP OPTIONS

Please rank your top five preferences, with one being the highest. Delegates will be placed on a first come, first serve basis.

WORKSHOP TITLE	PRESENTER	YOUR PREFERENCE
		1
		2
		3
		4
		5

YOUR SIGNATURE

With my signature, I accept the responsibility to practice and support all WCYCS policies.

Signature: _____ Date: _____

CONTACT US

General Conference Youth Ministries Department
Attn: WCYCS
12501 Old Columbia Pike
Silver Spring, MD 20904, USA

Website: www.gcyouthministries.org
Website Impact South Africa: www.impactgcyouth.org
Email: impactsa@gc.adventist.org