

## Application for APN Bootcamp 31 Oct – 15 Nov 2019

Your Details (Please fully complete one copy of this for	orm for each person applying and submit with a copy of your passport & deposit.)
Full Name (as in your passport):	Date of Birth:
Postal Address:	
Phones: Home Work	Mobile
   Email:	
Bootcamp I want to join the following Bootcamp.	
31 Oct – 15 Nov 2019 – AUD\$6,499pp tv	vin share including return economy flights as below.
Why do you want to join this Bootcamp?	
Medical / fitness Bloom complete: The serium	that my health and general fitness is good enough to handle the
physical challenges of this tour, that I'm able to walk re I understand that I must be responsible for carrying my ow application be accepted: I WILL be able to provide a lett	elatively quickly up hills and steps for over 15 minutes to access sites.  In bags/luggage if porterage and lifts are unavailable. Also, should my ler from my doctor stating that I am "fit to travel overseas to participate"
	s compulsory and commit to disclose to my travel insurer ALL pre- REHENSIVE insurance, preferably offering UNLIMITED cover.
Recommendation/Referee (not required if you've	participated in an overseas CHI/APN Prayer Journey in the last decade)
Name of person giving recommendation	Phone/Email
Name of Church/Organisation	
	olication (to be completed by your Pastor, Christian leader, etc.):
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Airport option Please circle included airport	option: Adelaide / Brisbane / Melbourne / Perth / Sydney
I'd like to connect via a different airport at my	/ own expense:(Note: delays on connecting regional flights are at own risk)
Room preference Please complete: ☐ Twin	or □ <b>Double</b> sharing with
·	
Hat size Please <u>complete</u> : □ S=55cm □ M= Application Checklist	5/cm Ll L=59cm Ll XL=61cm
By applying, I agree to the Tour Terms & Conditi	ons stated in the accompanying brochure.
☐ I confirm that I've already completed an A	
OR □ I'm registered to attend an upcoming Ad	vanced Watchmen School of Intercession in
☐ I include a clear photocopy of my current☐ I am able to pay ALL outstanding funds	x months after my scheduled return date i.e. 15 <sup>th</sup> May 2020. : passport detail page. three months prior to departure i.e. by mid-July 2019.
I include a <b>deposit of AUD\$500</b> :  ☐ I include a cheque or money order payers.	able to 'CityHarvest International':
☐ By direct bank transfer to BSB: 484 799	9 'Suncorp Bank'. Account number 045 303 109 'CityHarvest
International'. <u>Please include your nam</u> ☐ I wish to pay by VISA / MASTERCARD	
If paying by credit card complete below	
Card No	Exp/ _ CVC No. (last 3 digits on back)
	Signed:
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