



**Self Help
Africa**

Uganda 2009 Application Form

NAME : _____ PASSPORT NUMBER : _____

DATE & PLACE OF ISSUE : _____

EXPIRY DATE : _____

ADDRESS : _____

_____ POST CODE : _____

TELEPHONE : Home : _____ Business : _____

Mobile : _____ e-mail : _____

DATE OF BIRTH : _____ NATIONALITY : _____

OCCUPATION/PROFESSION : _____

Do you have any pre-existing medical condition which might preclude you from travelling on this trip ?
(Consult your GP if necessary) _____

Do you have fund-raising experience (if 'yes' please specify) : _____

Where do you see the main sources of fund-raising support for this visit coming from ? :

Own funds Business contacts Corporate Fund-raising events

A combination of the above

How do you think Self Help Africa might assist ? _____

How did you hear about this visit ? _____

SIGNED : _____ DATE : _____

Self Help Africa will take every care with travel arrangements, accommodation, and itinerary for this visit.

Participants take part at their own risk, and accept that the organisers cannot be responsible for any injury suffered, flight delays, property that is damaged, lost or stolen. Self Help Africa reserves the right to change the itinerary for this visit. All funds required for this trip must be paid at least one calendar month before departure date.

**Please return completed form plus a non-refundable £300 booking deposit, payable to 'Self Help Africa' to : LIZ LEVER, Self Help Africa, 2nd Floor, Westgate House, Dickens Court, Off Hills Lane, Shrewsbury, Shropshire, United Kingdom SY1 1QU
Tel: 0044 (0)1743 27717**

Registered charity number 298830