

**PERSONAL INFORMATION**

PLEASE ENSURE THAT YOU PROVIDE ALL INFORMATION

*Registration Fees can be paid into the following Account: Account Name: UPFSA, Account Type: Cheque,  
Bank: ABSA Brooklyn, Account No.: 4066 820 820, Reference: Tour Switzerland (+ Name of Tour Member)*

**PERSONAL DETAILS**

|   |         |          |                       |                      |
|---|---------|----------|-----------------------|----------------------|
| Surname:                                      |         |          | First Name:           |                      |
| Full Names (as in Passport):                  |         |          | Gender:               |                      |
| RSA ID No.:                                   |         |          | Date of Birth:        |                      |
| Mark with a cross:                            | Married | Divorced | Single                | Country of Passport: |
| Passport No.:                                 |         |          | Passport Expiry Date: |                      |
| Occupation: (if retired give former position) |         |          |                       |                      |

**PERSONAL CONTACT DETAILS**

|                      |                        |
|----------------------|------------------------|
| Residential Address: |                        |
| Home Tel:            | Cell no:               |
| Work Tel:            | Fax no.:               |
| Email:               | Place of Birth (Town): |

**CONTACT PERSONS IN CASE OF EMERGENCIES**

|                   |           |
|-------------------|-----------|
| Name and Surname: | Cell no.: |
| Home Tel:         | E-mail:   |
| Name and Surname: | Cell no.: |
| Home Tel:         | E-mail:   |

UPF prayer trips can be strenuous and stressful. It may include long flights, train, bus or motor vehicle journeys and long walking distances. Travellers are always required to carry their own luggage. Rest rooms are not always readily available and/or clean. Be aware of change in diet and water. All these factors may aggravate certain health conditions and the medical facilities in some places we travel may provide inadequate care.

**MEDICAL INFORMATION**

|   |                        |
|---|------------------------|
| Name of Doctor:   | Tel No.:               |
| Cell no.:   | E-mail:                |
| Medical Aid:  | Medical Aid No.:       |
| Blood Type:   | Special Dietary needs: |
| Allergies:  |                        |
| Medication:   | Reason for Medication: |
| Please state other physical / medical conditions that the organiser should be aware of (eg. Back problems): |                        |

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|

## ADDITIONAL INFORMATION

Please answer these questions truthfully and thoroughly.

1. **What is your current church affiliation and participation?**

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2. **Why do you want to join a UPF prayer journey to Thailand in 2017?**

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3. **Comment on your willingness and ability to help serve the team in any way** (e.g. Driving, scribing, navigation, communication with intercessors at home (email / sms), handling luggage, preparing meals, buying supplies, handling team finances, counselling, administration, research, writing of tour report, leading worship, playing an instrument, translating, writing report etc.)

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4. **I plan on:**

- Paying my own way.
- Paying part of my way and trusting God to provide the balance.
- I will need God to provide all of the finances.
- I need a sponsorship form.

5. **Please describe your a) strengths, b) ministry gifts or skills, and c) spiritual gifts.**

a) \_\_\_\_\_

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b) \_\_\_\_\_

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c) \_\_\_\_\_

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## I AGREE THAT...

1. There is one true God, eternally existing in three persons – Father, Son and Holy Spirit – each of whom possess equally all the attributes of Deity and the characteristics of personality.
2. The Bible is God's written revelation and it is uniquely, verbally, and fully inspired by the Holy Spirit, and that it was written without error (inerrant) in the original manuscripts. It is the supreme and final authority in all matters in which it speaks.
3. Jesus Christ is God, the living Word, who became flesh through His miraculous conception by the Holy Spirit and His virgin birth. He is perfect Deity and true humanity united in one person for ever.
4. Jesus Christ lived a sinless life and voluntarily atoned for the sins of men by dying on the cross as their substitute, thus satisfying divine justice and accomplishing salvation for all who trust in Him alone.
5. Jesus Christ rose from the dead in the same body, though glorified, in which He lived and died.
6. Jesus Christ ascended bodily into heaven and sat down at the right hand of God the Father, where He, the only mediator between God and man, continually makes intercession for His children.
7. Man was originally created in the image of God. He sinned by disobeying God; thus, he was alienated from his Creator. The historical fall brought all mankind under divine condemnation.
8. Man's nature is corrupt, and he is thus totally unable to please God. Every man is in need of regeneration and renewal by the Holy Spirit.
9. The salvation of man is wholly a work of God's free grace and is not the work, in whole or in part, of human works or goodness or religious ceremony. God imputes His righteousness to those who put their faith in Christ alone for their salvation, and thereby justifies them in His sight.

I declare by my signature below that, to the best of my knowledge, all of the information in this application is true and complete.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# INDEMNITY FORM

TO BE COMPLETED BY PERSONS OF 21 AND OVER

I, the undersigned..... do hereby forfeit any claim whatsoever against Unlimited Prayer Frontiers, which I, my heirs, dependants, administrators, executors might have, due to any public violence, political uproar, arrest, deportation or any other cause of attack, accident, sickness and/or injury and/or loss of, or damage to belongings, or any consequential loss of any nature of cause whatsoever, which may arise during or forthcoming from my involvement with Unlimited Prayer Frontiers from:

..... 2017 to ..... 2017.

- I will submit to the leadership, policy and procedures of Unlimited Prayer Frontiers (South Africa).
- I authorize Unlimited Prayer Frontiers in the event of injury to give permission for emergency medical treatment and I agree that I will be responsible for the full payment of such treatment.

I hereby confirm that I have read the above statement, and that I fully understand the contents and consequences of this Indemnity Form.

Thus signed at \_\_\_\_\_ on the \_\_\_ day of \_\_\_\_\_ month of 2017.

Outreach Participant Signature: \_\_\_\_\_

Signature of witness 1: \_\_\_\_\_

Signature of witness 2: \_\_\_\_\_