

# Zambia Partner Trip

## Cost:

**\$1,800** Person Double Occupancy  
(Airfare not included)

**\$2,050** Person Single Occupancy  
(Airfare not included)

- \$250 Deposit required at registration.

**March 28, 2011**  
**Registration Deadline**

**April 26, 2011**  
**Final Payment Deadline**



## Dates:

**June 9-18, 2011**

- Fly into the Lusaka, Zambia Airport. Airport code is LUN.

*Please do not make airline reservations or pay the full amount until 10 people have registered for the trip. All funds are considered a donation and cannot be refunded, but can be applied to a future JFHP trip.*

## Coordinators:

Chuck Watson  
Team Leader

Gary Sidle  
Country Host

## Contact:

Alicia Laser at  
913.663.5700  
alaser@JFHP.org

Zambia has beautiful flowers, colorful birds, breathtaking sunsets, and lush foliage. You will see all this and more as you travel to the cities of Lusaka, Kitwe, Choma, and Livingstone to minister to the people of Africa on a personal level.

You will participate in several JESUS Film showings. There will be a variety of activities planned, from visiting orphanages to attending local church services to serving the poor. The trip will include a safari in Chobe Park, Botswana and a trip to Victoria Falls.



This will be an unforgettable trip of a lifetime. You will want to get your reservations in soon!



**JESUS Film**™  
HARVEST PARTNERS 

**JESUS FILM  
PARTNER TRIP INFORMATION  
ZAMBIA  
JUNE 9-18, 2011**

**Registration Forms:**

1. Print the Registration, Health Questionnaire and Medical Release Forms (one for each person). Complete them and:

- Fax or mail the REGISTRATION FORM to:

**JESUS Film Harvest Partners  
Attn: Alicia Laser-Partner Trip Coordinator  
15055 W. 116<sup>th</sup> St.  
Olathe, KS 66062**

**Fax: 913-345-4854** (No cover sheet necessary.)

- Take the HEALTH QUESTIONNAIRE and MEDICAL RELEASE FORMS to Zambia and give them to your team leader. ***The Medical Release Form must be notarized.***

2. For insurance purposes, please give your official name (as on your passport) and your birth date (mm/dd/yy).

**Passport/Visa/Vaccination/Miscellaneous tourist travel information:**

- U.S. Passport must be valid six months beyond intended stay.
- Tickets and documents for return or onward travel.
- A Visa is required for travel to Zambia.

**Tourist Visa**

- A Visa must be obtained before you leave the United States at <http://www.zambiaembassy.org/vaf.pdf>.
- **Be sure to request a DOUBLE-ENTRY TOURIST VISA. Unless you request a Double-entry Visa you will receive a Single-entry Visa. The team will be entering a second country, Botswana, to go on Safari.**
- Photo copy of U.S. Passport
- Copy of round trip airline tickets.
- Visa application with two passport size photographs, SIGNED ON REVERSE IN INK.

**Vaccinations:**

Discuss your travel plans and personal health with a health-care provider to determine which vaccines you will need. You may also go to the CDC's website at: <http://www.cdc.gov/travel/vaccinations.htm>.

### **Entry/Exit Requirements:**

Travelers transiting through South Africa should ensure that they have at least two blank (unstamped) visa pages in their passports. Zambian Immigration officials insist visitors carry the original or a certified copy of their passport and their immigration permit at all times. Certified copies must be obtained from the immigration office that issued the permit. American citizens should closely follow immigration guidelines, including visa requirements for travel to Zambia. Additional information on entry requirements may be obtained from the Embassy of the Republic of Zambia at <http://www.zambiaembassy.org/>.

### **Money:**

Official Currency: Kwacha=100 ngwee

Current Exchange Rate: go to <http://www.oanda.com/convert/classic> to obtain the most current exchange rate.

Major credit cards are widely accepted. Traveler's checks are best taken in US dollars. Many businesses prefer payment in hard currency or travelers checks.

### **Banking and Business Hours:**

**Banking:** Monday to Friday: 8:15 am to 2:30 pm

**Shops:** Monday to Friday: 8:00 am to 5:00 pm; Saturday: 8:00 am to 1:00 pm


### **Local Time:**


There is a seven hour difference between Zambia and Central Daylight Time (CDT). If it is 10:00 am CDT, it will be 5:00 pm Zambia time.

### **Electric Power:**

Electric power is 230V running at 50Hz. The plug types are:

Round pin attachment plug 

Round pins with ground 

Rectangular blade plug 

### **Telephone:**

The international dialing code for Zambia is +260. The outgoing code is 00 followed by the relevant country code (e.g. 00 27 for South Africa). City/area codes are in use: (0)1 for Lusaka and (0)3 for Livingstone. There are GSM 900 cell phone networks in operation; however, coverage is limited mainly to urban areas. There are several Internet cafes in Livingstone and Lusaka, and secretarial services in Lusaka offer full telephone, fax, telex and email facilities. Postal services are fairly reliable.

### **Safety Concerns:**

Any overseas travel may entail risk. You can visit this website for the latest travel advisories: [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)).

As a precaution against lost luggage, pack necessities and valuables such as medication or jewelry and items you'll need within the first 24 hours of your arrival in your carry-on bag. Make two copies of your identification and your credit or cash cards. Leave one copy in the United States with someone you can call in the case of loss, and pack the other in a carry-on bag as a back up.

### **Weather/Clothing:**

1. Average high in Lusaka, Zambia for Aug/Sept is 80° and the average low is 55°. A jacket or sweater may be necessary as the evenings cool.
2. Appropriate attire for church includes casual business attire for men (ties not necessary) and dresses or skirts for women.
3. Jeans are appropriate for the JESUS Film showings.
4. Capris, slacks, jeans etc. are appropriate at all other times.

### **Photos:**

Your photos can be downloaded by your Team Leader and then posted on the JESUS Film Harvest Partners Flickr site ([www.flicker.com](http://www.flicker.com)) where all team members will have access to the photos. Please be especially aware of photo opportunities during JESUS Film showings, as JFHP is particularly interested in obtaining these types of photos for use in publications.

### **Airline Information:**

1. The airport code for Lusaka, Zambia is **LUN**.
2. Ticket information: Make your own airline travel arrangements through one of the following agencies or through another agency or airline of your choice. Please provide a copy of your flight itinerary to Alicia Laser ([alaser@JFHP.org](mailto:alaser@JFHP.org)) at JESUS Film Harvest Partners upon booking. **Please do not make airline reservations or pay the full amount until 10 people have registered for the trip. All funds are considered a donation and cannot be refunded, but can be applied to a future JFHP trip. You will be notified when the trip is confirmed.**

Golden Rule Travel  
(888) 950-3273

Eldo Miller  
[eldo@goldrule.net](mailto:eldo@goldrule.net)

ReachOne Travel  
(888) 290-7100

Marla Vinzant  
[info@reachonetravel.com](mailto:info@reachonetravel.com)

MTS Travel  
(800) 418-2929 x19334  
(719)-385-3334 Dir. Line

Peggy Bignell  
[peggyb@mtstravel.com](mailto:peggyb@mtstravel.com)

- P A R T N E R T R I P S -  
**PARTICIPANT REGISTRATION**

Please submit this Registration Form with the following materials:

- A clear copy of your passport (color copy preferred);
- A digital photo that you e-mail to [alaser@JFHP.org](mailto:alaser@JFHP.org) (similar to a passport photo).
- We may use your photo or testimony for our publicity efforts.
  - Check here if you do *NOT* want your photo or testimony used for this purpose.

***Please print***

Today's date: \_\_\_\_\_ Trip Name & Dates: \_\_\_\_\_

Title:  Mr.  Miss  Mrs.  Reverend  Dr.

Name: \_\_\_\_\_  
last first mi.

Informal name: \_\_\_\_\_  Male  Female

Profession: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Hotel arrangements:  Double Occupancy  Single Occupancy

Name of Roommate: \_\_\_\_\_

T-Shirt Size:

1. Adult: (check one)  XS  S  M  L  
 XL  XXL  XXXL
2. Child: (check one)  S  M  L

Are you a US citizen?  yes  no

If no which country? \_\_\_\_\_

Do you have a passport?  yes  no  applying

Name on Passport: \_\_\_\_\_

Passport #: \_\_\_\_\_

Expiration date: \_\_\_\_\_  
Month day year

Birth date: \_\_\_\_\_  
Month day year

Emergency contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Other information that may be helpful in planning the trip (skills you have, special interests, talents, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- PARTNER TRIPS -  
**HEALTH QUESTIONNAIRE**

**Name:** \_\_\_\_\_

Please give your Health Questionnaire and Medical Release Form to your Team Leader upon arrival at your destination.

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. It is important that your Team Leader be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized. Pre-existing conditions are not covered by the JESUS Film Partner Trip insurance policies.

**HEART**

- Heart surgeries
- Bypasses
- Heart medication
- Pacemaker
- High blood pressure

**LUNGS**

- Asthma
- Emphysema
- High altitudes

**DIET**

- Diabetes
- Prescribed insulin
- Hypoglycemia
- Diet restrictions

**OTHER**

- Allergies \_\_\_\_\_
- Phobias (heights, crowds, etc.)
- Epilepsy
- Prescribed medications
- \_\_\_\_\_

**COMMENTS**

Please include any health conditions that your Team Leader should be aware of in case of any emergencies and list any medications you will be taking with you.

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- PARTNER TRIPS -  
**MEDICAL RELEASE**

Each team member is to complete this Medical Release and have it notarized before departure. Please fill in the name of your Team Leader and one other person of your choice. If you do not know the other team members, ask your Team Leader for a recommendation. In the case of a minor, the parent or legal guardian should complete the form, sign it and have it notarized.

The signed and notarized copy of the Medical Release and the completed Health Questionnaire **must be taken to the field by you and NOT sent to the JESUS Film Harvest Partners office.** The forms may be required by the hospital or doctor before medical assistance can be given.

DATE: \_\_\_\_\_

I hereby give \_\_\_\_\_ (Team Leader) and \_\_\_\_\_ permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

NAME: (Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(If minor, guardian's signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
EXPIRATION DATE

(SEAL)