

2018 Woman-to-Woman Worldwide

Cuba

October 19 – November 1, 2018 (Tentative)

Approximate Cost: \$4,000 (not including personal airfare to/from city of departure)

Registration Form – Due By February 15, 2018

Please Print Legibly and Include All Information Requested

Full Name (as it appears on passport) _____

(It is imperative that your name information exactly matches your passport)

Name you prefer to be called _____

Address _____

City _____ State/Province _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail _____ (required)

(This is a requirement due to the need to quickly disseminate information. It may be a close friend or relative, if you do not have your own email account.)

Passport Number _____ Expiration Date _____ (PP# or date of application required)

Demographics: to insure a wide representation in our group, we ask the following:)

Ethnicity _____ Country of Birth _____ Age _____ DOB _____

Occupation _____ Region _____

Congregation (required - name, address, e-mail contact) _____

1. Please list any involvements/responsibilities you have in:
Region _____
Congregation _____
Community _____
Other _____
2. Should the opportunity arise, what particular types of groups would you be interested in meeting? (i.e. rural women, church workers, community organizers, educators, politicians, etc.) What issues are you interested in exploring? (human rights, women's concerns, etc.)

3. Do you have connections in our scheduled countries? (family, friends, work, church)

4. Are you involved in any work of support in our scheduled countries? (i.e.: poverty, hunger, women's agenda, immigration, etc.) _____

5. Please share some of your expectations of your experience in our scheduled countries.
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6. How do you plan to share your experience with the church and other groups in the United States and Canada when you return?
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7. Have you read the Candidate Guidelines? ____ (They are available at www.DisciplesWomen.org) Do you meet or exceed them? ____ It is imperative that you meet ALL the requirements of the WWW journey including physical requirements. What physical limits/ allergies / medical conditions do you have?
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8. Have you attended a W2WW experience before? If yes, when and where?
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February 15 - Application is due.
March 1 - Notice of Acceptance to participants and regional staff.
May 1 - Deposit of \$600 and 2 copies of pages 1 & 2 of Passport due.
June 1 – 1/3 of balance of the registration fee is due and deposit is non-refundable.
Cancellations after this point are subject to airfare and hotel cancellation penalties.
July 15 – 1/2 of remaining balance of the registration fee is due.
August 15 – The balance due must be paid by August 15

Please send **APPLICATION FORM** and **CHECKS** made payable to:
 Disciples Women, Attn: W2WW, PO Box 1986, Indianapolis IN 46206-1986

____ Yes, I have contacted my regional women’s staff or constituency president and have requested a letter of endorsement for my participation.

Letters should be sent directly to Disciples Women by February 15, 2018,
 or emailed to odw@dhm.disciples.org

*******RELEASE FORM*******

*I hereby waive any and all claims for illness or injury which directly result from my participation in the Woman-to-Woman Worldwide experience to our scheduled countries for myself, heirs, administrator, executor and assigns against staff and sponsors of the Woman-to-Woman Worldwide program. **I further state that I have read the online Candidate Guidelines, understand them, meet or exceed them, and agree to abide by them. I confirm that I am physically able to fully participate in this journey.** I give permission to use my likeness and written word in any matter deemed necessary to advertise or promote the W2WW program. I am aware that all reasonable basic precautions are taken by Woman-to-Woman Worldwide staff. I am responsible for reading provided materials.*

Signature _____ Date _____

THIS APPLICATION DOES NOT ASSUME ACCEPTANCE.

First consideration will be given to women who have *not* participated in previous Woman-to-Woman Worldwide experiences.

PLEASE COMPLETE THE ENTIRE FORM.
INCOMPLETE OR LATE APPLICATIONS MAY NOT BE CONSIDERED.