



Leo District 413 - Zambia ANNUAL DISTRICT CONFERENCE

9 - 12 MAY, 2019, LIVINGSTONE INSTITUTE OF BUSINESS AND ENGINEERING STUDIES, LIVINGSTONE, ZAMBIA

REGISTRATION FORM

INFORMATION - LEO, or NON LEO

Last Name: _____ First Name: _____ Middle: _____

Gender: Female Male DOB: ____/____/____ Age: _____

Club: _____ Position: _____ District: _____

District Position: _____ Country: _____ P o Box: _____

Town: _____ Cell: _____ Email: _____

Parent/ Guardian's Name: _____ Work line: _____ Cell: _____
_____ Work line: _____ Cell: _____

INFORMATION - LION, or LEO ADVISER

Last Name: _____ First Name: _____ Middle: _____

Gender: Female Male

Club: _____ Position: _____ District: _____

District Position: _____ Country: _____ P o Box: _____

Town: _____ Cell: _____ Email: _____

Signature Date: ____/____/____

FEES LIMITED SPACE AVAILABLE

All fees listed are in Zambian Kwacha and US Dollar. This registration fee includes accommodation, meals, training, activities and conferencing.
Note: Accommodation (without Beddings) will be provided with the registration fee provided below, participants are encouraged to carry their own beddings and toiletries. Transport arrangements will be advised in due time.

Registration Fee K300.00 USD30.00

PAYMENT METHOD – Full payment is due on the 21st April, 2019

Cheques and Cash ONLY Cheque are payable to: Lions District 413 - Zambia

Payment Type Cheque Cash

Cheque Number: _____


Payment Date: _____

Leo District Committee Secretary - Contact:+260 977 519672

After April 21, 2019 registration fees are non-refundable. Consideration will be given for extenuating circumstances. No refunds will be made for no-shows. **Substitutions are not permitted.**

HEALTH INFORMATION

Vegetarian Yes No

 Please list any Allergies or illnesses: _____

Should there be any accidents requiring medical attention **999** will be contacted as well as parents/ guardians and transport provided via an ambulance. All minor accidents will be taken care of by the Lions District 413 - Zambia. Should you object to any part of this statement please specify same and provide alternate instructions otherwise please provide your signature as an indication that you agree with the above statement.

I Agree:

Parent or Guardian Name Signature Date: ____/____/____

I Disagree: please provide any pertinent information below in addition to your signature.

Parent or Guardian Name Signature Date: ____/____/____

The Lions District is not responsible for administration of prescribed medications for participants. All medications must remain with parent or guardian and they may administer same during the event if necessary.

EMERGENCY CONTACT

Emergency Contact #1: _____ Home: _____ Cell: _____
Emergency Contact #2: _____ Home: _____ Cell: _____
Emergency Contact #3: _____ Home: _____ Cell: _____

CONSENT AND DISCLAIMER

I hereby register myself for the 31st Leo District 413 - Zambia Annual Conference. I understand the program.
I hereby understand and accept the term stated.

Signature of Parent or Guardian Signature of participant Date: ____/____/____

Program

Thursday - 9th May, 2019

- Arrival
- Dinner
- 4th Council Meeting

Friday - 10th May, 2019

- Official Opening (With the Lions)
- Tea Break
- Schools of Instruction (Separate from the Lions)
- Lunch
- Free Afternoon

Saturday - 11th May, 2019

- Official Match Past (With the Lions)
- Donation @ Courtyard (With the Lions)
- Tea Break
- Annual Conference (Separate from the Lions)
- Lunch
- Elections
- Annual Conference continued
- District Leo Presidents Banquet



For Registration and Questions, contact the Leo District Committee Chairperson
Lion Brighton Tembo - +260 977 126851 // 977 519672

E-mail Registration Form to: btembo100@gmail.com
or Register at www.e-district.org/sites/413/