

A group of people, mostly young adults, are gathered for a protest. They are wearing dark t-shirts with the text 'WE ARE THE MOB' and 'WE ARE THE MASSES WE ARE THE MOVEMENT' printed on them. The background shows a street scene with a traffic light and a building. The overall tone is serious and organized.

MOBILIZERS

ACADEMY

AUGUST 21-27, 2011

DEAR MOBILIZER,



On behalf of Me to We and Free The Children, we are pleased to invite you to participate in our 2011 (Mob)ilizers Academy.

Me to We and Free The Children have a shared goal to motivate and inspire people through leadership, representation and action. By taking part in this joint event, MOB members from across Canada have the opportunity to advance their leadership, communication and interpersonal skills while learning more about the social issues that we care about so deeply within the Free The Children network. (Mob)ilizers Academy is an intense once-a-year program, a chance for (Mob)ilizers from around the country to meet other incredible (Mob)ilizers who are taking action in their communities. It is a powerful week that will prepare participants to be the driving force for social change in their MOB city.

During your (Mob)ilizers Academy experience you'll stay at the Me to We Leadership Centre, located just one-hour away from Toronto. While there you will receive training for the upcoming MOB year: advanced leadership workshops, specialized skills training by knowledgeable guests and discussions about specifics of the upcoming MOB year.

This package has everything you need to apply for 2011 (Mob)ilizers Academy. To register, please complete this package and mail it to MOB BaseCamp at the address below. It must arrive to us no later than **July 15, 2011**. If you have any questions, please e-mail dana@metowe.com.

Come share your skills and make friendships that will last a lifetime. We look forward to having you join us!

Sincerely,

MOB BaseCamp
Re: MOB Academy
225 Carlton Street
Toronto, Ontario
M5A 2L2

CONTACT INFORMATION

PARTICIPANT:

Name (as it appears on passport): _____ Gender: _____

Birth Date (Day/Month/Year): _____ Age: _____

Address: _____ City: _____ Province: _____

Postal/Zip Code: _____ Home Tel: (_____) _____ Fax: (_____) _____

E-mail: _____

* Please write clearly and accurately, as this will be our primary mode of communication *

PARENT/ GUARDIAN # 1:

Name: _____ Relation: _____

Home Address (if different from participant):

_____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home Tel: (_____) _____

Cell Phone: (_____) _____ Business Tel: (_____) _____

E-mail: _____

* Please write clearly and accurately, as this will be our primary mode of communication *

PARENT/ GUARDIAN #2:

Name: _____ Relation: _____

Home Address (if different from participant):

_____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home Tel: (_____) _____

Cell Phone: (_____) _____ Business Tel: (_____) _____

E-mail: _____

* Please write clearly and accurately, as this will be our primary mode of communication *

QUESTIONNAIRE

1. PLEASE RESPOND TO THE FOLLOWING:

In no more than one page, please tell us (A) why you want to come to MOB Academy and (B) what you hope to get out of the experience.

2. PLEASE RESPOND TO THE FOLLOWING:

What Me to We programming have you been involved in before? **Check one or more boxes.**

- Me to We Trip
Country: _____
Was it a MOB Trip? Yes/No
- Take Action Academy
 Take Action workshop through Me to We Leadership

What activity was a highlight for you? _____

What two issues would you like to learn about at the (Mob)ilizers Academy?

What two skills would you like to come away with?

Describe your involvement with the MOB. **Check one box.**

- I have never been involved. MOB Academy will be my first time.
 I have come out to a few MOB events.
 I have been a Mobilizer. How long? _____ years/months
 I have been part of the MOB leadership team. How long? _____ years/months

Please add any additional comments below:

Are you currently part of a MOB City? If so, which one? _____

Which MOB City are you planning on being part of next year? _____

*Roommate requested: _____

Do you consider yourself flexible and adaptable? Yes / No

Do you accept responsibility for your own health? Yes / No

RULES AND COMMITMENTS

1. OUTLINE OF RULES AND COMMITMENTS:

GROUP A RULES:

If any participant refuses to adhere to any of the Group A Rules he/she will be sent home at the expense of his/her parents/legal guardians and he/she will not be permitted to participate in any future program offered by Me to We Leadership Inc. (“Me to We Leadership” and “(Mob)ilizers Academy”).

1. Me to We Leadership is committed to providing drug, alcohol and tobacco free programs. As such, no participant, junior/assistant facilitator, staff member or staff facilitator may use illegal drugs (or narcotics considered illegal in Canada or the U.S., including marijuana), use prescription drugs illegally, consume alcohol or smoke/chew tobacco during any Academy program period.
2. Me to We Leadership forbids sexual activity during training events, trips or conferences, etc. As such, no participant, junior/assistant facilitator, staff member or staff facilitator may engage in sexual activity (including mouth-to-mouth kissing, touching, intercourse) with any other participant, junior/assistant facilitator, staff member or staff facilitator (regardless of gender, age or consent) during a training period, academy program or conference, etc. Males and females will be housed separately.
3. Me to We Leadership promotes and only tolerates respectful and positive relationships. As such, all participants, junior/assistant facilitators, staff members and staff facilitators must treat one another with respect. Participants, junior/assistant facilitators, staff members and staff facilitators may not discriminate on the basis of gender, race, religion, colour, ethnicity, sexual orientation, age, appearance, etc. Absolutely no harassment (be it physical, sexual or other) will be tolerated. Under no circumstances will physical violence be tolerated. No participant, junior/assistant facilitator, staff member or staff facilitator may at any time carry or possess a weapon. Participants, junior/assistant facilitators, staff members and staff facilitators are expected to use appropriate language, avoid swearing and be kind in their interactions with others.

GROUP B RULES:

If any participant refuses to adhere to any of the Group B Rules he/she will be reprimanded at the discretion of the lead facilitator(s) and his/her parents/legal guardians may be notified of the incident.

- Participants must abide by the judgment of supervising personnel.
- Participants must at all times abide by all rules issued by Me to We Leadership facilitators.
- Participants must not leave the Academy premises as indicated by a Me to We Leadership facilitator except during designated times, and with the express permission of a Me to We Leadership lead facilitator.
- Participants must clean up after themselves and keep their living and eating areas tidy.
- Males and females must remain in separate rooms at night, unless in unforeseen circumstances where an alternative arrangement is expressly approved by a Me to We Leadership facilitator.
- Participants must show themselves, their facilitator and their group respect by getting sufficient sleep at night so that they are alert and ready to participate during the day.
- Please be respectful of the facilities.

2. ACCEPTANCE OF RULES AND COMMITMENTS

By signing below you acknowledge the following:

I have read and accept the “Rules and Commitments.” I agree that I will abide by all rules and instructions issued by Me to We Leadership facilitators and supervisory persons and that I will not engage in any behaviour that could result in my breaking any of the Group A Rules or the Group B Rules including, without limitation:

- I will not engage in sexual contact with any MOB Academy participants, junior/assistant facilitators, staff members or staff facilitators.
- I will not consume alcohol or drugs (except as prescribed by a doctor) at any point during my participation in the MOB Academy.
- I will show respect for participants, junior/assistant facilitators, staff members and staff facilitators.
- I will show respect for myself by getting enough sleep and taking care of my body and mind.

----- Date	----- Print name of participant
----- Witness	----- Signature of participant

If participant is under the age of 18, signature of his/her parent/legal guardian:

----- Date	----- Print name of parent or legal guardian
----- Witness	----- Signature of parent or legal guardian

WAIVER

WAIVER, RELEASE, INDEMNITY AND ACCEPTANCE OF RISKS

In consideration of the acceptance by Me to We Leadership of the participant’s application and the granting of permission to participate in the Me to We Leadership program, MOB Academy, the participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, confirm as follows:

FINANCIAL MATTERS

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant acknowledge that I/we have read, understood, and do unconditionally agree to all the provisions outlined as follows in regards to the financial administration of the academy program:

- The participant is responsible for making his/her own travel arrangements to and from the site of the program and all costs associated with such travel are the sole responsibility of the participant. Me to We Leadership is not responsible for any issues that may arise in connection with a participant’s travel arrangements.

- Me to We Leadership is not responsible, logistically or financially, for changes to the scheduled program itinerary made by the participant leaving earlier than the scheduled time to return home, etc.

I have read the section entitled “Financial Matters” above and agree to the terms contained therein

(initials of participant and/or parent/
legal guardian if participant is under 18) _____

PHOTOGRAPHY RELEASE

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, grant full permission in perpetuity to Me to We and/or Free The Children, to copyright, reproduce, use, reuse, license, exhibit, display, distribute and create derivative works of any photographs, slides, films, videotapes, recordings or any other content taken of the participant in connection with a Me to We Leadership program or any related events whether in print, CD-ROM, videotape, electronic or other format for any purpose whatsoever, (including, but not limited to, promotional materials such as informational brochures, websites, television shows and public information campaigns) and to make the material available to third parties for broadcast and publication without further notice and with no

expectation of financial or other consideration to be paid to the participant in connection therewith. The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, acknowledge and accept that such photographs, slides, films, videotapes, recordings or other content, including any appearance of the participant included therein, may be edited at the sole discretion of Me to We and/or Free The Children.

I have read the section entitled “Photography Release” above and agree to the terms contained therein

(initials of participant and/or parent/
legal guardian if participant is under 18) _____

LIABILITY WAIVER

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, hereby acknowledge that I/we have fully read, understood and unconditionally agree to all the provisions outlined in this Waiver, Release, Indemnity and Acceptance of Risks. By signing this Waiver, Release, Indemnity and Acceptance of Risks below, the participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, confirm and agree that participation is voluntary and that the participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, knowingly assume all risks associated with this participation.

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant (on his/her/their own behalf and on behalf of his/her/their heirs, executors, personal representatives, and assigns) waive all claims against and release Me to We Leadership, its affiliated companies, its partners, any companies acting on its behalf, Free The Children and each of their directors, officers, employees, volunteers, sponsors, independent contractors, agents and authorized representatives (the "Releasees") from liability for any and all claims, demands, damages, costs (including legal costs), expenses, actions and causes of action, whether in law or equity, that any of us have or may in the future have against the Releasees, including claims arising from their negligence. This waiver applies to any claims against the Releasees of any kind relating to the participant's person or property including claims arising from (1) personal injury (including death) from accidents, injuries or illnesses arising from participation in various activities during and in connection with the Me to We Leadership program; and (2) damage to, or loss or theft of property, and regardless of whether such death, injury, damage, loss or theft was caused or contributed to by the negligence of any of the Releasees.

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, further agree to waive all claims for injuries or financial claims against the Releasees related to actions taken by a third party which may result in damages against the participant.

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, agree to indemnify and hold harmless the Releasees from and against any damages, interest or costs, including the full amount of all lawyers' fees and disbursements, paid or payable by the Releasees in connection with any claim the participant or others may bring in contravention of this Waiver, Release, Indemnity and Acceptance of Risks.

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant further agree to indemnify and hold harmless the Releasees with respect to any and all liability, costs and expenses incurred by any of the Releasees as a result of the participant's participation in the Me to We Leadership program, which includes indemnifying and holding harmless the Releasees from and against all claims and costs related to legal or other action brought against the Releasees for damages caused by the participant.

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, hereby acknowledge that in no event shall the maximum liability of Me to We Leadership, its affiliates, employees, agents, volunteers and authorized representatives arising out of the participant's participation in a Me to We Leadership program, whether based upon contract, tort, negligence, strict liability or otherwise, exceed in the aggregate the amounts paid by the participant to Me to We Leadership to participate in such Me to We Leadership program, and in no event shall Me to We Leadership, its affiliates, employees, agents, volunteers and authorized representatives be liable for any damages other than direct damages, even if Me to We Leadership has been advised of the possibility of such damages.

I have read the section entitled "Liability Waiver" above and agree to the terms contained therein

(initials of participant and/or parent/legal guardian if participant is under 18) _____

MEDICAL AUTHORITY

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, acknowledge that we have fully read, understood and do unconditionally accept all of the provisions in the Me to We Leadership Medical History Form which accompanies this Waiver, Release, Indemnity and Acceptance of Risks. We understand and agree that Me to We Leadership employees, agents, volunteers or other authorized representatives may have to make difficult decisions in connection with medical emergencies or potential medical emergencies affecting the participant including, but not limited to, decisions with respect to access to medical and professional care and modes of transport. The liability waiver set out below applies to any and all such decisions.

If the participant is under the age of 18, the participant's parents/legal guardians grant(s) Me to We Leadership employees, agents, volunteers and authorized representatives the unconditional right to act in loco parentis (in lieu of the parent or legal guardian) for the duration of the Me to We Leadership program. Me to We Leadership employees, agents, volunteers and authorized representatives can administer basic medications or drugs in

either prescription form or otherwise to the participant, take the participant to a medical practitioner for medical treatment and approve medical procedures.

In any event, all participants and their parents/legal guardians (if applicable) grant the Me to We Leadership employees, agents, volunteers and authorized representatives the full authority to make any and all decisions connected to the provision of medical care in an emergency or potential emergency on the participant's behalf if the participant is unable to make such decisions on his/her own behalf.

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, agree to pay for all medical expenses incurred on behalf of the participant.

I have read the section entitled "Medical Authority" above and agree to the terms contained therein

(initials of participant and/or parent/
legal guardian if participant is under 18) _____

PERSONAL INFORMATION

Me to We Leadership is committed to collecting, using and disclosing personal information responsibly. Me to We Leadership will only collect, use and disclose your personal information as necessary for the purposes of arranging your participation in the program and for any other purpose for which your consent has been obtained at or prior to the time of use or disclosure, except where otherwise permitted or required by law, including without limitation as set forth below.

Me to We Leadership may disclose your personal information to third party service providers assisting in making arrangements for your participation in the program or as otherwise permitted or required by law.

Information shared by participants with individuals or groups during a Me to We Leadership program will remain confidential, except where such information reveals that one or more individuals are at risk or where disclosure of the information shared is permitted or required by law. Without limitation, in the case of a report of

physical and/or sexual abuse of a participant under the age of 16, Me to We Leadership has a legal obligation under Ontario law to inform the appropriate authorities. Any such disclosure on the part of a participant will be communicated to Ontario authorities who will communicate with the authorities in the participant's home province, state or country. For further clarification on any of the above, please contact the Chief Operations Director of Me to We Leadership (director@metowe.com or 416.964.8942 ext. 117). To review Me to We Leadership's privacy policy please visit our website at <http://www.metowe.com/privacy>

The participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, hereby confirm that this Waiver, Release, Indemnity and Acceptance of Risks shall be binding upon his/her/their heirs, executors, administrators and other legal representatives and their respective successors and assigns.

This Waiver, Release, Indemnity and Acceptance of Risks is intended to be as broad and inclusive as is permitted by law. If any portion of it is held invalid, or unenforceable as against the participant

and, if the participant is under the age of 18, the parent/ legal guardian of the participant, the remaining portion(s) of the Waiver, Release, Indemnity and Acceptance of Risks will continue in full legal force and effect. To the extent any of the provisions of this Waiver, Release, Indemnity and Acceptance of Risks is deemed unenforceable by a court of competent jurisdiction or duly appointed arbitrator, such court of arbitrator shall have the authority to modify such provisions to the extent necessary to make them enforceable, such modification to preserve as much as possible the parties' original intentions with respect to such provisions.

This Waiver, Release, Indemnity and Acceptance of Risks shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable in Ontario. All disputes, disagreements, controversies, questions or claims arising out of or relating to this Waiver, Release, Indemnity and Acceptance of Risks shall be determined by arbitration under the Arbitration Act, 1991 (Ontario) (the "Arbitration Act") and any hearing in the course of the arbitration shall be held in Toronto, Ontario in the English language. Subject to section 44 of the Arbitration Act, any award or determination of an arbitrator shall be final and binding on the parties and there shall be no appeal on any ground, including, for greater certainty, any appeal on a question of law, a question of fact, or a question of mixed fact and

law. All matters relating to the arbitration shall be kept confidential to the full extent permitted by law and no individual shall be appointed as an arbitrator unless he or she agrees in writing to be bound by this dispute resolution provision.

As this Waiver, Release, Indemnity and Acceptance of Risks is a waiver of certain of the participant's and his/her parent/legal guardian's legal rights and imposes certain obligations on the participant and his/her parent/legal guardian, you may wish to consider seeking independent legal advice prior to signing below.

By signing below and submitting this Waiver, Release, Indemnity and Acceptance of Risks, the participant and, if the participant is under the age of 18, the parent/legal guardian of the participant, acknowledge that we have read, understood and agreed to all of the provisions provided above. We understand that we are giving up rights, including the right to compensation for injury resulting from negligence of the Releasees. We acknowledge freely and voluntarily signing the agreement and intend our signatures to signify a complete assumption of the inherent risks of participating in or observing activities in connection with the Me to We Leadership program and a complete and unconditional release of liability, to the greatest extent allowed by law.

----- Date	----- Print name of participant
----- Witness	----- Signature of participant

If participant is under the age of 18, signature of his/her parent/legal guardian:

----- Date	----- Print name of parent or legal guardian
----- Witness	----- Signature of parent or legal guardian

ME TO WE MEDICAL HISTORY FORM

Participant Name _____

Birth Date _____ Age _____ Gender _____

Phone Number _____ E-mail Address _____

Please fill out the medical information below clearly and completely. This form is meant as a means to better accommodate the needs of our participants and is not used as part of the acceptance process. All information provided in this form will be kept strictly confidential by Me to We Leadership, except as otherwise stated in this form. Medical information provided below may also be used or disclosed by Me to We Leadership, if required for the provision of medical care during your participation in the Me to We Leadership program or for meal planning purposes.

PAST/CURRENT ILLNESSES

Please check all applicable boxes and provide the date of the condition. If extra space is needed, please attach additional information to the back of the form:

- | | |
|--|--|
| <input type="checkbox"/> Heart defect/disease _____ | <input type="checkbox"/> Convulsions/seizures _____ |
| <input type="checkbox"/> Therapy/counselling _____ | <input type="checkbox"/> Chicken pox _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Psychiatric treatment _____ |
| <input type="checkbox"/> ADD/ADHD _____ | <input type="checkbox"/> Ear infections _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Hypertension/high blood pressure _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Measles _____ |
| <input type="checkbox"/> Bedwetting _____ | <input type="checkbox"/> Bleeding/clotting disorder _____ |
| <input type="checkbox"/> Sleepwalking _____ | <input type="checkbox"/> Skin conditions _____ |
| <input type="checkbox"/> Back problems _____ | <input type="checkbox"/> Joint problems _____ |
| <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Diarrhoea/constipation _____ |
| <input type="checkbox"/> Wears glasses/contacts _____ | <input type="checkbox"/> Frequent headaches _____ |
| <input type="checkbox"/> Head injury _____ | <input type="checkbox"/> Unconsciousness/passed out _____ |
| <input type="checkbox"/> Eating disorder _____ | <input type="checkbox"/> Chest pain during or after exercise _____ |
| <input type="checkbox"/> Use an orthodontic appliance _____ | <input type="checkbox"/> Hepatitis _____ |
| <input type="checkbox"/> Surgeries or recent illnesses _____ | <input type="checkbox"/> Chronic or recurring illnesses _____ |
| <input type="checkbox"/> Recent head lice _____ | <input type="checkbox"/> Other (please explain) _____ |

ALLERGIES

Do you have any life-threatening allergies? Yes No

If yes, please explain allergy and history of reactions. _____

Do you have any non-life-threatening allergies? Yes No

If yes, please explain allergy and history of reactions.

Do you have any dietary restrictions? Yes No

If yes, please explain in detail.

Have you ever been involved in psychological therapy of any kind? Yes No

If yes, please elaborate.

Do you occasionally use any substances (including cigarettes, alcohol, or narcotics)? Yes No

If yes, please elaborate.

Do you have a history of addiction and/or substance abuse (including cigarettes, alcohol, or narcotics)? Yes No

If yes, please elaborate.

MEDICATIONS

Please list all medications (over-the-counter and prescription) that you are currently taking and/or will be taking during your participation in the Me to We Leadership program. All medication taken to the program must be in its original container and must be labelled with your name. Medications taken to the (Mob)ilizers Academy that are not listed will not be administered. Attach additional pages as needed.

_____ Participant takes NO medication on a routine basis and NO medications will be sent with this person.

_____ Participant takes medications as follows:

Medication _____ used for _____
Amount/dosage _____ when taken _____

Medication _____ used for _____
Amount/dosage _____ when taken _____

Medication _____ used for _____
Amount/dosage _____ when taken _____

Are there any special circumstances we should know about regarding your medical care (i.e., cultural or religious considerations)?

TREATMENT

Me to We Leadership facilitators have standard first-aid training. An extensive first-aid kit is available at all times and contains standard over-the-counter remedies for common ailments. The following is a list of medications that we have available at the MOB Academy.

Please indicate each of the medications you may or may not be given should the need arise.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Sunburn relief spray	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic (Neosporin)	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol
<input type="checkbox"/>	<input type="checkbox"/>	Ear drops	<input type="checkbox"/>	<input type="checkbox"/>	Cough drops
<input type="checkbox"/>	<input type="checkbox"/>	Robitussin	<input type="checkbox"/>	<input type="checkbox"/>	Decongestant
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat spray	<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine (Benadryl)
<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismol/ Tums	<input type="checkbox"/>	<input type="checkbox"/>	Burn gel
<input type="checkbox"/>	<input type="checkbox"/>	Anti-diarrhoeal	<input type="checkbox"/>	<input type="checkbox"/>	Gravol
<input type="checkbox"/>	<input type="checkbox"/>	Calamine lotion	<input type="checkbox"/>	<input type="checkbox"/>	Sting ease (for insect bites)

LEGAL WAIVER

The undersigned acknowledge that we have read and understand the information in the “Me to We Leadership Medical History Form” and that all of the information provided above is correct and all information regarding the participant’s physical and emotional health has been disclosed. We understand that failure to provide accurate disclosure could, at Me to We Leadership’s sole discretion, result in the participant being sent home immediately at the expense of the participant or his/her parent/legal guardian. By signing below, the signatories also commit to updating Me to We Leadership if any of the participant’s medical information changes prior to the departure of the trip.

Date

Print name of participant

Witness

Signature of participant

If participant is under the age of 18, signature of his/her parent/legal guardian:

Date

Print name of parent or legal guardian

Witness

Signature of parent or legal guardian

FINANCES

Please carefully read the following information about making payments for (Mob)ilizers Academy. If you have any questions at all, please do not hesitate to get in touch with BaseCamp by emailing dana@metowe.com.

The cost of (Mob)ilizers Academy is **CDN \$750**. A minimum of **CDN \$250 deposit** must be made in order to confirm your spot. All full payments of CDN \$750 must be made by **Friday, July 15th, 2011** at the latest.

Payments by cheque or money order may be payable to "Me to We". Alternatively, you may make payments over the phone with your credit card by contacting our MOB Academy Coordinator, Rufaro Mudimu at 416-964-8942 x 731. We accept payments by cash as well, but we ask that you please make cash payments in-person only.

The cost of (Mob)ilizers Academy does not include your transportation.

We offer transportation between Toronto and the Leadership Centre by bus, airport and train pick-ups or drops-offs for an additional CDN \$30 for both ways.

Please check all additional costs that will apply to you:

- \$30 in advance for Transportation, including bus from Toronto, airport pick-up/drop-off, or train pick-up/drop-off.
Participants who sign up after July 15th will be charged \$40, and will have the option of bringing the payment on the day of their arrival.
- \$20 for pre-paid MOB T-shirt (there will also be additional Me to We Style available at the Duka Store during (Mob)ilizers Academy).
If yes, What is your Size (Choose from Women's or Unisex S, M, or L): ____
- Please check this box if your \$250 deposit is enclosed with this application.
- Please check this box if your full payment is enclosed with this application (including additional transportation or T-shirt costs)

A NOTE ABOUT FINANCES:

Please be aware that applicants to (Mob)ilizers Academy do not have the opportunity to apply for bursaries.

Through the (Mob)ilizers Academy, we offer a specialized experience for (Mob)ilizers. Many participants choose to fundraise to offset the cost and we are happy to encourage and support you.

Will you be fundraising to help support the cost of (Mob)ilizers Academy? Yes No

If yes, would you like help action planning for your fundraising from someone on our team? Yes No

TRANSPORTATION DETAILS

If you checked yes, that you will be paying an additional \$30 for transportation, please answer the following to help describe the transportation you require.

Will you require a pick-up or a drop-off at the airport, bus/train station? _____

Please indicate if you will require transportation:

- on the way to (Mob)ilizers Academy only
- on the way back from (Mob)ilizers Academy only
- both ways

Please describe all details: _____
