



KOBOLAND 2010

APPLICATION AND INFORMATION BROCHURE

Please read the following instructions:

1. Please complete all questions in the application form.
2. Make a non refundable deposit of N7, 500 to any of the following banks:
GTBank
Account Name: Handz and Mindz Ltd.
Account Number: 332994202110

OR

ZENITH Bank
Account Name: Handz and Mindz Ltd.
Account Number: 6217000714
3. Attach photocopy of teller and submit along with form to any of the following Pick-Up Centers **ON OR BEFORE AUGUST 9TH, 2010:**
 - I. GTBank, Ahmadu Bello Way, Jos
 - II. Tee-El-Tee Bookshop, Opposite NTA, Yakubu Gowon Way.
 - III. Victory Bookshop, 44 Barracks Road, Near Rwang Pam Street, Jos.
 - IV. Youngstars Foundation, A.M.Dung Street, Sparkling Junction, Dadin Kowa, Jos.
4. Please make a copy of the prospectus page [i.e last page of this brochure]. It will serve as your child's Invite into the Camp.
5. Camp Opens on Monday, 16th August 2010 at 8:30am at Airforce Military School, Rayfield, Jos. See you then.

APPLICATION PAGE.
SET A – To be Completed in Child's writing

NAME:.....

DATE OF BIRTH:..... GENDER: CLASS:.....

NAME OF SCHOOL:

E-MAIL: ANY DISABILITY:(Please State)

FUTURE AMBITION:

SPECIAL TALENTS:.....

HOBBIES:

DO YOU HAVE ANY MEAL OR HEALTH ALLERGIES? (Please State)

ARE YOU UNDER ANY MEDICATION? (Please State)

DO YOU HAVE A SAVINGS ACCOUNT?

CAN YOU USE A COMPUTER?

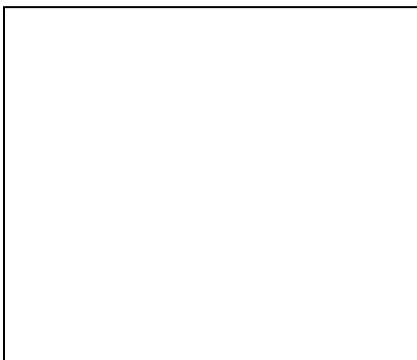
DO YOU TAKE PART IN ANY EXTRA-CURRICULAR ACTIVITY AT SCHOOL OR IN YOUR COMMUNITY?

IF YES, MENTION ACTIVITIES.....

IF NO, MENTION REASONS:

HAVE YOU ATTENDED A LEADERSHIP OR SUMMER CAMP BEFORE?

WHAT DO YOU EXPECT FROM US?



INSERT PASSPORT HERE

ADDITIONAL REQUIREMENTS: WRITE AN ESSAY OF NOT MORE THAN 200 WORDS ON " YOUR FUTURE ASPIRATION"

ATTACH ESSAY TO THE COMPLETED APPLICATION FORM.

APPLICATION PAGE.

SET B – To be Completed by Parents or Guardians.

NAME:.....

PARENT:..... GUARDIAN: GENDER: PHONE NUMBER:
(Please Tick Where Appropriate)

OCCUPATION: E-MAIL:

OFFICE ADDRESS:

HOUSE ADDRESS:

WHAT ARE YOUR EXPECTATIONS FROM A PROGRAM LIKE THIS?.....

.....

DOES YOUR CHILD HAVE ANY SPECIAL GIFTS? (ACADEMICALLY AND NON-ACADEMICALLY).....

PLEASE STATE THIS GIFTINGS.

DOES YOUR CHILD HAVE ANY MEAL OR HEALTH ALLERGIES?
(Please State)

IS YOUR CHILD UNDER ANY MEDICATION? (Please State)

DOES YOUR CHILD HAVE A SAVINGS ACCOUNT?

CAN YOUR CHILD USE A COMPUTER?

AFTER THE CAMP WE WILL SEND BI-ANNUAL NEWSLETTERS TO YOUR CHILD BY EMAIL, WILL IT BE CONVENIENT FOR YOU TO PRINT THE NEWSLETTER FOR YOUR CHILD?

IF NO, MENTION REASONS:

HAS YOUR CHILD ATTENDED A LEADERSHIP OR SUMMER CAMP BEFORE?

AFTER THE CAMP WE WILL EXPECT YOU TO FEED US YOUR CHILD'S PROGRESS REPORT ACADEMICALLY AND NON-ACADEMICALLY TO INSPIRE OTHER CHILDREN, WILL IT BE CONVENIENT FOR YOU TO FURNISH US SUCH INFORMATION FROM TIME TO TIME?

IF NO, MENTION REASONS:

WHO WILL BE RESPONSIBLE FOR DROPPING AND PICKING YOUR CHILD THROUGH THE CAMP PERIOD?

.....

HOW DID YOU HEAR ABOUT KOBOLAND?

BANK INFO:

BANK OF PAYMENT: DATE OF PAYMENT:.....

TELLER NUMBER:.....

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

PROSPECTUS PAGE.

To be signed by Parents and Children.

THIS WILL SERVE AS YOUR INVITE TO THE CAMP. PLEASE COME ALONG WITH A COPY OF THIS PAGE.

I, **(CHILD'S NAME)** DO HEREBY AGREE TO THE TERMS AND CONDITION AS FOLLOWS:

1. NO CASH IS ALLOWED WITHIN THE CAMP.
2. NO SNACKS, MEALS AND DRINKS ARE ALLOWED WITHIN THE CAMP.
3. NO ELECTRONIC DEVICES SUCH AS MOBILE PHONES, CAMERAS, RADIOS ETC.
4. ALL PROPERTIES ARE AT OWNERS RISK.
5. NO BULLYING IS ALLOWED.
6. THERE WILL BE NO USE OF FOUL LANGUAGE, VERNACULAR, SWEAR WORDS WITHIN CAMP PREMISES.
7. TASKS ARE COMPULSORY.
8. THERE SHALL BE MUTUAL RESPECT THROUGHOUT THE CAMP.
9. DRESSING HAS TO BE DONE MODERATELY AND DECENTLY.
10. BREACHING OF ANY OF THE TERMS WILL ATTRACT DISCIPLINARY MEASURES.
11. PARENTS CAN ONLY VISIT FROM THE THIRD DAY OF THE CAMP BY 4:00PM.
12. PARENTS ARE TO NOTIFY HANDZ AND MINDZ LTD. OF ANY MEDICATION. MEANWHILE THE MEDICATION WILL BE KEPT IN THE CUSTODY OF CAMP CONVENER.
13. PARENTS ARE TO NOTIFY CONVENER OF PERSONS RESPONSIBLE FOR DROPPING AND PICKING UP CHILD.
14. PARENTS ARE KINDLY REQUESTED TO EVALUATE CHILD'S WORK PERFORMANCE PERIODICALLY.

SIGN: **(CHILD'S SIGNATURE)**, DATE:

IN THE PRESENCE AND ACCEPTANCE OF **(PARENT OR GUARDIAN'S NAME)**.

SIGN: **(PARENT OR GUARDIAN'S SIGNATURE)**, DATE:

ABOUT KOBOLAND

10 unforgettable days where children shall preside over a miniature of Nigeria. A child shall head The presidency, Banks, Telecoms, Police Force, INEC, businesses etc under the guidance of relevant agencies. Koboland shall deepen children's understanding of nation hood, entrepreneurship thinking, visionary career choices, financial literacy among others. Awards shall be presented to best performing children in different categories of Koboland. School children aged between 14 and 16 OR those between JSS 3 - SSS 2 are eligible to participate.

Koboland® is an initiative of Handz and Mindz Ltd **RC 824739**.

Handz and Mindz Ltd works to integrate ethics, empathy and critical thinking into the educational experience of children aged between 5 and 17.

For Enquiries: Call 08133719353, 08052192951 and 08035868586.

E-mail: experiencekoboland@yahoo.com