



BETHEL  
GOSPEL  
TABERNACLE

Rev. Roderick Caesar III, Senior Pastor  
110-25 Guy R. Brewer Blvd. Jamaica, New York 11434 • 718.291.2677

WWW.BGTFL.COM

## HAITI MISSIONS 2019 DONATION LIST

Although you may not physically be going to Haiti with the Missions Team, here's how you can contribute towards the following needs. We will be collecting items on the specified list below.

If we receive items that do not comply with this list, they will be disposed of immediately!

Start date to receive donations: **February 2019** End Date: **May 2019**. Thank you for your support!

**\*\*ONLY ITEMS ON SPECIFIED LIST WILL BE ACCEPTED\*\***

<b>*Book Bags for Kids, School Supplies, Rulers must be in centimeters</b>	
<b>*Crayons, Coloring Books with Bible Stories</b>	
<b>*Food Supplies: Spaghetti, Beans, Tuna, Chicken (Unexpired canned goods)</b>	
<b>*Toiletries: Toothbrush &amp; Toothpaste</b>	
Eyeglasses- <b>Reading glasses</b> needed more than old prescriptions	
Bras in Women Sizes, (all sizes esp. 38D - 40D), Wedding dresses	
Children: Clothing and Sneakers	
Limited Men & Women's Clothing: Sm, Med, Lg. (Few extra larges)	
Toiletries, Over the counter <b>unexpired</b> meds.	
Used suitcases to be used one way	
Financial Contributions	Amount \$

**\* Note: Most Important Items.**

**Haiti Missions Trip: July 29 - Aug. 5, 2019**



### Haiti Missions 2019 Donations – Tax Deductible Receipt

Name (Please print) \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Donation Amount \_\_\_\_\_ Payment Method \_\_\_\_\_

Donation Item(s) \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_



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Bethel Gospel Tabernacle @bethelgospeltab @bethelgospeltab bgtfi.com

# HAITI MISSIONS 2019 REGISTRATION FORM

V2

## JULY 27 - AUGUST 5

**\$50 NON-REFUNDABLE ADMINISTRATIVE FEE**

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

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age:  12 to 18       19 to 25       26 to 49       Over 50

*Lodging has been arranged @ Royal Oasis. Costs range from \$145 - \$205 USD, nightly, per room (see hotel reservations form).*

Roommate Preferences     Single                       Double                       Triple

Travel Dates: \_\_\_\_\_ (MM/DD) to \_\_\_\_\_ (MM/DD)

Have you any medical conditions of which we should be aware? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Emergency Contact:      Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Doctor's name & contact information: \_\_\_\_\_

Not from BGT? Welcome! Please indicate your church and pastor: \_\_\_\_\_

Ministry Interest(s):

Vacation Bible School

Dance Ministry

Creole Translators

Prayer Warrior

Security

Medical Clinic & Health

Cooking & Meal Prep

Other

**NOTE: Only BGT Haiti Missions t-shirts will be permitted during our missions activities.**

T-Shirts: Three for \$30 **or** Three for \$36 (XXL+)     Small                       Med                       Large                       XL                       XXL

**IMPORTANT: Once you have secured your flight information, please forward your itinerary details to [edavis@bgtintl.com](mailto:edavis@bgtintl.com)**

*By my signature below, I acknowledge all above information to be true and valid.*

*I understand that I am responsible for my own airfare, lodging and some meals.*

Signature (or parent/guardian)

Date



**As a short-term volunteer missionary with Bethel Gospel Tabernacle Fellowship International (BGTFI), I represent and agree that:**

1. I acknowledge that I have voluntarily applied for enrollment in the above mentioned short term missions trip and in consideration of being permitted to participate in such trip, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next of kin, my personal representative and my estate.

2. I acknowledge that I have been fully informed of the nature, scope and demands of the trip, and that I have met all of the prerequisites required for participation in this trip.

3. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury, increased stress, accident, disease, inadequate medical services and supplies, death, criminal acts - including terrorism-natural disasters, government action, and relocation due to any of the above. I accept my assignment with full awareness of these risks. I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

4. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

5. I waive and release any and all claims for damages which I or my heirs or successors may have against BGTFI, the local church sponsoring the trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

6. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property or property issued to me by BGTFI, while I am participating in the trip and, in furtherance thereof, I agree to indemnify and hold harmless BGTFI, and its employees, from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, or to my personal injury, or death, which may occur or result directly or indirectly from my participation in the activity, and which results from causes beyond the control of and without the fault or negligence of BGTFI and its employees.

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SIGNATURE

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PRINT NAME

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DATE



**HOTEL RESERVATIONS FORM**  
**Bethel Gospel Tabernacle NY**

Please complete the form and send by e-mail to: [reservations@royaloasishotel.com](mailto:reservations@royaloasishotel.com) or [frontmng@royaloasishotel.com](mailto:frontmng@royaloasishotel.com)  
Before July 20<sup>th</sup> 2019. Should you have any hotel accommodation questions, please do not hesitate to contact Tel: (509) 2229-2030.

**PERSONAL INFORMATION**

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

Address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Cellular: \_\_\_\_\_ E.mail address: \_\_\_\_\_

Occupancy: SINGLE ( ) DOUBLE ( ) TRIPLE ( )

**HOTEL RESERVATION** (10% taxes indicated below)

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- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> Single standard with breakfast (King)              | \$130 + 10% = \$143.00/night |
| <input type="checkbox"/> Double standard with breakfast (1 King or 2 Queen) | \$135 + 10% = \$148.50/night |
| <input type="checkbox"/> Triple standard with breakfast (2 Queen)           | \$185 + 10% = \$203.5/night  |
| <input type="checkbox"/> Single Junior suite with breakfast (1King)         | \$150 + 10% = \$165.00/night |

\* Check-in: \_\_\_\_\_ (mm/dd) Check-out \_\_\_\_\_ (mm/dd) Total nights \_\_\_\_\_

**PAYMENT METHOD**

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VISA ( ) MASTERCARD ( ) AMEX ( )

CREDIT CARD NUMBER \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

- Any cancellation or change must be received and confirmed by the hotel via e-mail 48 hours before your arrival date. One night deposit will be charged by the hotel after this time or for no show.
- Shuttle service extra fee \$10 USD AIRPORT – HOTEL - AIRPORT

## KREYOL WORD/PHRASES

### DEMOGRAPHICS

What is your name?	Kouman ou rele?
Your age?	Ki laj ou?
Your home address?	Ki adrè s ou?

### WORDS/PHRASES

Hello	Hello
My name is _____	Mwen rele _____
Good morning	Bon Jou
Good evening	Bon Soir
How are you?	Coman ou yè
Yes	Oui (Wi)
No	No
Please	Sil vu plè
Thanks	Mesi
You're welcome	Merite
Attention	Atansyon!
Sit down	Chita
Lie down	Couchè
Stand up	Kampè
Stop	Rete
Relax	Relax
Do you understand?	Ou kompran?
Not now	Pa kounye-a
Please hurry	Prese prese
I'm sorry	Mwen regret sa
Excuse me	Eskize mwen
Do you speak English?	Eske ou pale angle?

### ANATOMY

Head	Tet	Heart	Kè
Eye	Zye	Lungs	Pumon
Ear	Zorey	Stomach	Vant
Nose	Nen	Rib	Ko't
Neck	Cu	Muscle	Mus
Chest	Estoma	Bone	Zo
Back	Do	Vagina	Vagen
Hands	Men	Breast	Tetè
Finger	Dwet	Penis	Penis
Leg	Jam	Foot	Pye
Thigh	Rin	Toe	Zotey

### HISTORICAL

What I wrong?	Sak pase?
Show me	Montre – m
Where?	Ki kotè?
When?	Ki lè?
How long?	Depi ki lè?
Pain	Dulè
Are you weak?	Ou feb?
Are you hot?	Ou cho?
Are you cold?	Ou fret?
Are you tired?	Ou fatiguè?
Blood	San
Fever	Fiev
Do you have any allergies?	Ou fèalergi ak un bagay?
Do you take any medications?	Wap pran Medikamen?
Previous surgeries	Ou te opè re?
Do you asthma?	Ou fè asthma?
Do you smoke?	Ou fuemen?
Do you have pain?	Ou gen dulè?
Does the pain radiate?	Dulè ya al lot kotè?
Are you diabetic?	Ou diabetic?
Were you unconscious?	Ou te pè di konesans?
Was there vomiting?	Ou tè vomi?
Dizzy?	Tè t'vire?

### PHYSICAL

Breathe deeply	Resperè profon
Open your mouth	Ouvirè buch ou
Stick out your tongue	Soti lang ou
Hold your breath	Kembe respiasyon ou
Look straight ahead	Gadè dwat devan
Swallow	Valè
Turn Over	Virè
Don't move	Pa deplacè
Bend over	Becè
Cough	Tucè
Push	Pusè
Does it hurt when I press?	Li fè mal, lem peze?

### OUTCOME

You will need...	Ou ap brezwen
Medication	Medikamen
To stay overnight	Retè nan nuit
To return in 1 week	Retunen nan un semen
An xray	Radiografi
Lab work	Examen laboratura
Another specialist	Un lot specialist
Surgery	Operasyon
To return here	Retunen isit la
An injection	Piku
Physical therapy	Terapi fisik
Transportation	Transpotasyon
To see the nurse	Wè infimerè
To stop your medicine	Pa pran medilamen sa anko
Take ...	
Once a day	Un fwa pa jour
Twice a day	Du fwa pa jour
Three times a day	Twa fwa pa jour
Four times a day	Kat fwa pa jour
With meals	Avek mangè
Between meals	Ant mangè
Before meals	Avan mangè
After meals	Aprè mangè
Before bed	Avan domi
A small amount	Tu piti

### NUMBERS

One	Un	Six	Ces
Two	Deux	Seven	Set
Three	Twa	Eight	Hurit
Four	Kat	Nine	Nef
Five	Cink	Ten	Dis

### TIME

Minute	minute	Month	mwa
Week	semen	Year	an

For more English/Kreyol translations go to:  
[www.kreyol.com/dictionary/creole-phrases](http://www.kreyol.com/dictionary/creole-phrases)