

華人福音基督教會 二零一七年教會退修會報名表

Chinese Christian Mission Church 2017 Church Retreat Registration Form

Blowing Rock Conference Center, Blowing Rock, NC

09/02(Sat) – 09/04(Mon), 2017

主題：活出真信心 主講員：龔文輝牧師

	Last Name	First Name	中文姓名	性別 Sex	年齡 Age	基督徒v	備註
姓名 Name							
配偶 Spouse							
地址 Address	Email					電話 Tel	

固定在 CCMC 或 CHCMC 聚會(Regularly attending CCMC or CHCMC)? : 是 (Yes) 否 (No)

若否，請提供 CCMC/CHCMC 联系人 (If not, provide contact person at CCMC/CHCMC) :

孩子及其他家屬姓名 Family members and youth under guardianship

	Last Name	First Name	中文姓名	性別 Sex	年齡 Age	基督徒v	家長簽名 Parent Signature
1							
2							
3							
4							

Parent and Youth Notes:

Parents must sign the "Church Retreat Teens Parental Consent Form" (see back of this page) if:

1. Your youth will not stay at the same lodge with you, or your youth will attend the retreat alone.
2. 兒童節目將由曹阳弟兄主領.

報名費 Registration Fee:

年 齡 Age	Before 6/30/17	From 7/1/ to 8/4	After 8/5/17	人數 #	小 計 Subtotal
0 - 5	Free 免費	Free 免費	全費 Full fee		\$
5-12	\$25.00	\$30.00	\$50		\$
Youth, Full Time Student	\$50.00	\$60.00	\$100		\$
Adult	\$100.00	\$120.00	\$200		\$
65 以上	\$70.00	\$85.00	\$140		\$
報名費合計 (Total Registration Fee)					\$
自由奉獻 (Free-will Offering)					\$
總 計 (Grand Total)					\$

支票抬頭請開 Make check payable to : CCMC; For: 2017 Retreat

1. 7月1日之后 報名每人加 20%, Fees increased 20%/person from 7/1/17 to 8/4/15, full fee after 8/4.
2. 報名截止日期 Registration deadline : 08/15/2017 .
3. 請將報名表格及支票交給王忻弟兄 (973-573-2401) 或李軍弟兄 (404-895-3072) 或曹阳弟兄 (919-907-0828) 或李克良弟兄 (919-408-0021) . Please send this form with the check to Brothers Xin Wang (973-573-2401) or Jun Li (404-895-3072) or Yang Cao (919-907-0828) or Keh-Liang Lee (919-408-0021) .

交通接送安排 Transportation:

我能夠提供接送的人數 I can offer number of people's rides _____

我將需要交通安排，我的姓名 I will need a ride and my name is _____

** 或直接與李軍弟兄 (404-326-0592) 或王忻弟兄 (973-573-2401) 联系。Or Please contact Brother Jun LI (404-326-0592) or Brother Xin Wang (973-573-2401) directly for transportation arrangement.

我能在下列事工提供協助 I can help with the following(s):

嬰兒照顧 Nursery ____ 註冊 Check-in ____ 其他，請註明 Other (please specify) _____

本欄請勿填寫 Official Use Only		Date Received:		Received by:	
Consent Form signed:		Check #		Amount \$:	
備註 Note:					

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主題：活出真信心 主講員：龚文辉牧师

CCMC Church Retreat Teens Parental Consent Form

I, the undersigned, give permission for (please print name) _____

to attend the Chinese Christian Mission Church of North Carolina (CCMC) retreat at Blowing Rock Conference Center, Blowing Rock, NC on September 2 to September 4, 2017. I understand that adequate supervision will be provided. I am also expecting proper behavior from my child and will not hold CCMC staff or volunteers responsible for any harm or injury due to the inappropriate actions of my child. I understand that my child will be told not to leave the designated premises of the Grounds for CCMC Teens group use without permission and staff supervision. I also understand that my child will be warned not to play with dangerous items such as fire, poisons, firecrackers, firearms, and the like. I expect my child to act as if he/she was living under supervision for the duration of the trip. In the event of an injury or illness, I give permission for those in charge to take any steps necessary to stop bleeding, and to administer first aid. I also consent to emergency x-ray examination, anesthetic, medical, dental, or surgical diagnosis, treatment, hospital care, the administration of drugs or specialized supervision upon advice of a duly licensed physician and/or surgeon.

In the event of an emergency, please contact _____

Relationship _____ Phone # _____ (H) _____ (W)

My child's health insurance and policy # _____ (Optional)

Signature of parent or guardian

Date