

Combined Youth Conference 2011

23 to 25 June 2011 (Thursday to Saturday)

Registration Form

Full Name: _____

Gender*: M / F Date of Birth (dd/mm/yy): ____ / ____ / ____ Age: ____

Telephone (Home): _____ (Mobile): _____

Email: _____ Church: _____

Specific health concerns / Allergies (if any): _____

Special request (if any): _____

Camp Participation Status*: Full-time / Part-time

**please delete accordingly*

In Case Of Emergency, contact:

Name: _____ Tel number: _____

For those below 18 years old:

Parent's Name and Signature: _____

For Part-Timers, please indicate the meals required**

Date Meal	Thursday (23 Jun)	Friday (24 Jun)	Saturday (25 Jun)
Breakfast (\$2)			
Lunch (\$3)			
Dinner (\$3)			
Supper (\$1)			

** Part-timers will pay for the meals they require.

Camp Fees (full-time): \$20

Please submit the completed form plus the camp fees to Jasmine Low or email to combinedyouthconference@gmail.com
Please contact Edison @ 98000939 for further details/clarifications.

Registration closes on 4th June 2011