

Combined Youth Conference 2012

21 to 23 June 2012 (Thursday to Saturday)

Registration Form (Closing date: 2nd June)

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 (21 Jun)	Friday (22 Jun)	Saturday (23 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 Bo Hao or email to combinedyouthconference@gmail.com

The camp schedule and further details are available at www.truthbpc.com/cyc.

Please contact Bo Hao @ 96288839 for further details/clarifications.