Combined Youth Conference 2014

26 to 28 June 2014 (Thursday to Saturday)

Registration Form (Closing date: 1st June 2014)

Tuli Name.			
Gender*: M / F	Date of Birth (dd/mm/	yy)://_	Age:
Telephone (Home): (Mobile):			
Email:	Churc	h:	
Specific health concerns / Allergies (if any):			
Special request (if any):			
Conference 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 below the meals you require*. Also, please indicate (in the \square provided) which nights you are staying.			
Date		Friday (27 Jun)	· · ·
Meal			
Breakfast (\$2)			
Lunch (\$3)			
Dinner (\$3)			
Supper (\$1)			
Amt to be paid			
*Part-timers will pay only for the meals they require.			

Full Namo

Please submit this completed form and the conference fees to Ze Xun or email to combinedyouthconference@gmail.com and submit the fees on the first day of the conference.

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

Please contact Ze Xun @ 96508238 for further details/clarifications.

Conference Fees (full-time): \$20

