

長島豐盛生命教會

2016年中文堂門徒訓練退修會

- 日期 2016年4月22日(週五)下午 5點起
至2016年4月24日(主日)下午 2點半止
- 地點 基督使者協會大使命培訓中心/使者農莊
21 Ambassador Drive, Paradise, PA 17562 (717) 687-8564
- 對象 中文堂會眾
- 主題 以福音與社區為中心的門訓教會
- 講員 陸尊恩傳道
- 報名費 成人: \$75)
兒童: \$50 (3歲—9歲)
幼兒: 免費 (2歲以下)
- 報名截止 2016年4月10日

路線指引 (從教會到 使者農莊) :

From L. I. take I-495 W in Jericho .

→ Continue on I-495 W. Take I-95 S, New Jersey Turnpike S, I-276 W and US-202 S to U.S. 30 W in Sadsbury (167 miles)

→ IFollow U.S. 30 W to your destination in Paradise (10.7 miles)

報名表

長島豐盛生命教會2016年中文堂門徒訓練退修會報名表

2016年4月22日(週五)下午 5點起至2016年4月24日(主日)下午 2點半止

登記指引:

1. 同一家庭只須填寫一張報名表
2. 18歲以下孩童,請家長填寫同意書(在背頁)
3. 支票抬頭: LIALC, 備錄欄請註明“2016 門訓退修會 或

姓名(英文) _____ 中文名字 _____

通訊地 _____

城市 _____ 州 _____ 區域號 _____

聯絡電話(白天) _____ 聯絡電話(晚上) _____

聯絡電話(手機) _____

網路通訊地址 _____

性別 男 女 年齡 _____

你是基督徒? 否 是 如果是,請問你參加哪一個團契/小組? _____

週五晚餐用餐人數 _____

交通: 需要安排交通者 開車 開車並可提供 _____ 車位

家庭其他成員

Name (English/中文名字)	Sex	Age	Fellowship	

(Please see reverse)

RECEIPT | 2016 Long Island Abundant Life Church Discipleship Retreat

Date: _____ Received by: _____

Amount Received: \$ _____ Cash Check # _____

需要特別安排住宿者

退修會報名費用表

	Price	Number	Total
成人	US \$75		\$
孩童 (3-9 歲)	US \$50		\$
兒童 (2 歲以下)	免費		\$
Offering			\$
總額			\$

Parental Consent Form/Liability Information | *For participants under 18 years*

Child Name 1: _____ Child Name 2: _____

Date of Birth: _____ Date of Birth: _____

In case of emergency, call: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child(ren). I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Long Island Abundant Life Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Long Island Abundant Life Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child(ren)'s involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Long Island Abundant Life Church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member.

Parent Signature: _____ Date: _____

Parent Name (please print): _____

RECEIPT