

...when you **SEARCH**
for me with all your heart...
I will be found...

...He did not come to be served,
but to **SERVE**...

...they shall **SOAR**
on wings like eagles...

Ignite
IGNITE
BURN PASSION. BEYOND ORDINARY.

TRINITY CHRISTIAN CENTRE TEL: 6468 4444 FAX: 6467 6005 WWW.TRINITY.NET

TRINITY
CHRISTIAN CENTRE

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SURGE

SEARCH. SERVE. SOAR.

IGNITE CAMP 08

14th - 17th Dec 2008
Good Hope Hotel
Skudai Johor Bahru

Camp Fee*:

Early bird - \$175 (Nov 15/16)

Normal Fee - \$190 (Nov 22/23 & 29/30)

*Camp fees include travel insurance, coverage for medical/hospital expenses and emergency medical evacuation.
For further inquiries, please log on to www.trinity.net/ignite or email admin@trinity.org.sg. TEL: 6468 4444

Pack List

Bible and Writing materials
Water Bottle
T-shirts & bermudas (No FBTs or short shorts)
Clothes for 4 days, including 3 dark coloured
Sandals
Jacket/sweater
Long Pants/Jeans for service
Alarm clock

Toiletries
Personal medication if necessary
Shoes and socks
Hangers (optional)
Insect Repellent
Torch Light
Plastic-bags / Ziplock bags for dirty clothes
***Passport** - at least 6 months validity

In case of emergency, please contact our ministry assistant, Faith, Tel: 6304 7703

Meeting Point Trinity@PayaLebar

Date: 14 Dec 2008, Sunday
Venue: Foyer, 2nd Floor
Time: 1.59pm

Trinity@PayaLebar Pick-up Point

Date: 17 Dec 2008, Wednesday
Venue: Foyer, 2nd Floor
Est. Arrival: 5.30pm

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Registration

Name: IC: Age: Gender: M / F

Passport No.: Passport Expiry Date:

Leadership Status: Member / Spiritual Parent

Contact: (Home) (Mobile) Email:

Address:

Allergies/ Medical History:

Direct Leader: Section:

Siblings going for camp: Yes / No (name:

In case of Emergency contact:

Name: Relationship: Contact No:

Idemnity for those below the age of 18

I,, allow my child,, to take part in the SURGE youth camp on 14-17 December 2008 at Good Hope Hotel, Skudai Johor Bahru organized by IGNYTE, TRINITY@PayaLebar. I understand that every reasonable care will be exercised by the leaders in charge for the protection and welfare of my child. Therefore I will not hold Trinity Christian Centre or any related person responsible in the event of any mishap to my child.

Signature:

For Official Use Only

Paid / Unpaid Mode of Payment:

Receipt Number:

Payment Collected By:

Signature:

For payment by cheque, please make payable to Trinity Christian Centre.

Please also indicate name of youth, purpose(IGNYTE@PL CAMP 14-17 DEC) and contact number on the cheque.