

## Victoria Chinese Alliance Church 34<sup>th</sup> Church Retreat

### 域多利華人宣道會 第 34 屆教會退修會

April 28<sup>th</sup> – 30<sup>th</sup>, 2017

#### Personal Information 個人資料

Last Name : Mr. / Mrs. / Miss / Ms.

First Name : \_\_\_\_\_ 中文姓名 : \_\_\_\_\_

Address 地址 : \_\_\_\_\_

Phone 電話 : \_\_\_\_\_ Email 電郵 : \_\_\_\_\_

Age 年齡 : \_\_\_\_\_ Religion 宗教 : \_\_\_\_\_

Care Card Number 醫療卡號碼: \_\_\_\_\_

Language 語言: 廣東話 ☐ 普通話 ☐ English ☐

I'd like to volunteer to serve children ministry ☐

我願意參與本屆退修會的兒童事工事奉

#### Family Information 家庭資料

	English Name 英文名	Chinese Name 中文名	Age 年 齡	Gender 性 別	Care Card Number 醫療卡號碼
Spouse 配偶					
Children 子女	1.				
	2.				
	3.				
	4.				
	5.				

#### Additional Information 附加資料

**Important** : Please indicate food allergy, if any

**請注意** 如有食物過敏, 請在此列明 \_\_\_\_\_

## Retreat Fees 營費

Adult (12 and above)	成人 (12 歲或以上)				
Early Bird before March 12 <sup>th</sup>	3 月 12 前報名優惠	\$125	x	_____	\$ _____
Regular	正常營費	\$135	x	_____	\$ _____
Senior (65+)	長者 (65 歲或以上)	\$100	x	_____	\$ _____
Child (age 5 - 11)	兒童 (5-11 歲)	\$80	x	_____	\$ _____
Family* (under age 11)	家庭*	\$305	x	_____	\$ _____
Family** (under age 19)	家庭**	\$355	x	_____	\$ _____
Pacific Woods Lodge (Minimum 6 people per room)	新翼 (每房最少六人)	\$12 each	x	_____	\$ _____
Archery 射箭		\$5 each	x	_____	\$ _____
Kayaking 划艇		\$5 each	x	_____	\$ _____
(Can only play maximum one hour on each activity)					
<b>Total =</b>					<b>\$ _____</b>

\* Family with oldest minor under 11 \*\* Dependent minor aged under 19 (living at home & studying full time)  
 \*父母及其 11 歲以下未獨立之子女 \*\*父母及其 19 歲以下未獨立之子女 (與父母同住且是全職學生)

## Cancellation Policy 取消及退款

On or before March 26, cancellation penalty is \$15. No refund after March 26. Retreat fees are non-transferable. 3 月 26 日或以前取消者，取消費用為\$15，3 月 26 日以後取消者，沒有退款。營費不能轉讓與他人。

## Consent Form (Age under 19) 同意表 (19 歲以下)

### Consent Form For Single Participant under the Age of 19

I \_\_\_\_\_ (Parent/Legal Guardian's name), give \_\_\_\_\_ (Minor's name) permission to attend the 34<sup>th</sup> annual retreat of Victoria Chinese Alliance Church from April 28<sup>th</sup> – 30<sup>th</sup>, 2017 at Camp Qwanoes.

I consent to authorize the Church Retreat Committee to phone for an ambulance in case of an accident or illness if I cannot be reached immediately.

I waive and release any and all rights or claims to damages of any loss of property or injuries that \_\_\_\_\_ (Minor's name) may sustain during the retreat.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization 授權

I authorize Victoria Chinese Alliance Church to use any image or video of the applicants for church related activities. 本人授權域多利華人宣道會使用申請表上所有申請人的任何圖像或視頻作教會有關的用途。

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_