

## ■ 報名表 Registration

團契或小組 Fellowship or Cell Group \_\_\_\_\_

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

您及同行者資料 Personal Information :

中文姓名 Chinese Name	英文姓名 * English Name	性別 Gender	年齡 Age	語言 ** Language
		M / F		台 華 Engl
		M / F		台 華 Engl
		M / F		台 華 Engl
		M / F		台 華 Engl
		M / F		台 華 Engl

\*\*可填一或兩種語言，小組時間按所填的語言分組

\*Please use the name appeared on driver's license

\*報名費包括住宿及膳食-無住宿或減餐費用仍相同

There is no difference in fee between part time/full time attendance.

報名項目 Category	4/15前 by 4/15	5/20前 by 5/20	5/21始 Late	人數 #People	報名費 Fee
18 歲以上 Above 18	\$100	\$120	\$150		
13-17 歲	\$70	\$90	\$120		
4-12 歲	\$90	\$80	\$110		
3歲以下 3 & under	Free	Free	Free		
			合計 Total		

## ■ 交通 Transportation

包遊覽車：每人只付單程車費約\$20，回程由教會補助。

我會搭車  人數：\_\_\_\_\_人 姓名\_\_\_\_\_

Bus: \$20 per trip with church subsidizes the return trip.

I will go on the bus \_\_\_\_\_, number of people \_\_\_\_\_

Name \_\_\_\_\_, \_\_\_\_\_

## ■ 緊急情況處理同意書 Parental Consent:

報名者如有未滿 18 歲者，請父母或監護人讀下文或請人翻譯並簽名 (If you're under 18).

I authorize the applicant(s) named above to attend the 2007 Summer Retreat with Evangelical Formosan Church of Orange County (EFCOC). I give EFCOC and its agent permission to authorize medical care rendered by any physician licensed under the Medical Practice Act. I authorize any hospital which has provided treatment to surrender physical custody of the applicant(s) to EFCOC upon completion of treatment. I release EFCOC and its agents from any and all legal financial liabilities. I further agree to that EFCOC, campus facility owners, and both their agents be free from any legal or financial obligations that may arise or be caused in any way by use of campus facilities, properties, or involvement during the Retreat from July 13 to July 15, 2007, pursuant to California Civil Code, Sect. 25. 8 父母或監護人 Parents or Guardian: \_\_\_\_\_

緊急情況請聯絡 Emergency Contact: \_\_\_\_\_

日期 Date: \_\_\_\_\_ 電話 Phone: \_\_\_\_\_

本人(或家長代表)同意遵守靈修會的各項規定，並和靈修會負責人員合作。特別是下列各項：按照時間表出席各項聚會。未經本人書面同意或簽名，不得擅自離營。不準繫帶武器或非法藥物。家長或監護人須於註冊表簽名。同意若遭遇任何意外傷害，均與大會無關。

I (or On behalf of my family, I) agree to be subject to all rules and regulations of the Retreat and UC Santa Barbara, and to fully cooperate with the Retreat administrators during the Retreat. In particular, follow the program schedule and attend all meetings and activities; No minors are allowed to leave the campus without accompany or written permission of the parent guardian. No possession of weapons or illegal substance drugs is allowed on the campus. My signature assures my agreement to release EFCOC from any responsibility in the case the minor(s) is injured or harmed in any way.

簽名 Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

本人 (或家長代表) Registrant (or Parent on behalf of the family)

\*\*\*殘障人士：若有任何特別需要，請於下列空格內註明。People with disabilities: If there is any accommodation needs please indicate in the following blank space

\_\_\_\_\_