

**MIT** • **TWENTY**  
**10**  
**BORN AGAIN**

[10–12 September 2010]

# MIT: TWENTY 10 BORN AGAIN

- Date:** 10-12 September 2010
- Location:** Crusader Union, Galston Gorge  
Crusader Road, Galston
- Transport:** Bus leaves at 6:30pm from the Venue. (*Cnr of Claudare and Acicia Sts, Collaroy Plateau*).  
*\*please have dinner before coming*
- Pick up:** Pick up Sunday arvo – 2:30pm
- Note:** Bus is **ONE WAY** only. You will need to arrange own transport home.
- Cost:** \$140 per person  
(two or more registrations - \$130 per person)
- Bring:** Bible, pen, sleeping bag, pillow, toiletries, towel, and warm clothes.
- Theme:** Born Again

## ***Any Questions?***

Apprentice Minister – Trent McGrath – 0405091119 ([trent@stfaiths.org.au](mailto:trent@stfaiths.org.au))

**Registration closes Friday 3<sup>rd</sup> September, 2010**



# MIT: TWENTY 10 BORN AGAIN

## CAMPER DETAILS:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb/Postcode:** \_\_\_\_\_/\_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Year Group:** \_\_\_\_\_ **Age:** \_\_\_\_\_

## PAYMENT DETAILS: (please tick relevant boxes)

Single Camper - \$140

Two or more campers - \$130 per camper

I'd like to donate \$\_\_\_\_\_ to help a struggling camper

Total Amount: \$\_\_\_\_\_

### I will be paying by.....

**Credit Card** - visa // mastercard // amex (please circle)

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Sign \_\_\_\_\_

**Cheque** – payable to St Faith's Anglican Church

**Cash** – please hand in with rego – don't send.

*Please turn over for parental permission form....*



**EMERGENCY CONTACT INFO:**

**Contact Name:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Medicare #:** \_\_\_\_\_

**Special Dietary Requirements:** \_\_\_\_\_

\_\_\_\_\_

**Daily Medication Requirements:** \_\_\_\_\_

\_\_\_\_\_

1. Whilst every precaution will be taken to ensure the good welfare and protection of my child, St Faith's Anglican Church, their staff, leaders and others acting on their behalf are hereby released from any liability in the event of accident or misfortune, damage or loss that may occur to the campers or their property.

2. In the case of a medical emergency, I hereby give permission to the doctor chosen by the camp directors to secure proper treatment for my child.

3. During the course of the weekend, I am aware that my child may be captured on photograph or video which may be used by St Faith's for promotional or historical purposes. Any questions please contact Ben Molyneux.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_