

Herald Gospel Camp Registration Form 2024

營友相片
Camper's
Photo

營友姓名 (英) _____ 出生日期 _____ 年齡 _____ 性別 男/M 女/F
Camper's English Name _____ Birthday _____ Age _____ Gender _____

完整地址 _____
Complete Address (Street, City, State, and Zip Code) _____

電話(家) _____ 語言: 英語(E) 國語(M) 粵語(C) 其他(Other): _____
Home Phone _____ Language _____

父親姓名(中/英) _____ 工作電話 _____ 手提電話 _____
Father's Name (Chinese/English) _____ Work Phone _____ Cell number _____

母親姓名(中/英) _____ 工作電話 _____ 手提電話 _____
Mother's Name (Chinese/English) _____ Work Phone _____ Cell number _____

學校 _____ 學區 _____ 年級: _____
School _____ Borough _____ Grade (In September 2024) _____

營友電郵 _____ 父母電郵 _____
Camper's Email _____ Primary Parent's or Guardian's Email _____

你曾否參加過角聲福音夏令營? No 從未參加 Yes 曾經參加 -- 哪一年? _____
Has your child participated in Herald Gospel Camp previously? _____ Which year(s)? _____

營友是基督徒嗎? Is the camper a Christian? 是 Yes 不是 No 如果是, 是哪個教會? If yes, which church? _____

襯衫尺寸 Camper T-shirt Size (Adult Sizes): Small Medium Large X-Large

LIABILITY WAIVER

I, (Parent's Name) _____, allow my child (Camper's Name) _____ to attend the Herald Gospel Camp program. I understand that all campers must be covered with their own accidental/medical insurance. I give permission to Chinese Christian Herald Crusades to arrange necessary related transportation for my child. I hereby expressly agree that I will waive my legal rights against Chinese Christian Herald Crusades, Inc. in case of any accident and be responsible for all the cost.

I give permission on behalf of my child to use any photo of their image for purposes of CCHC and the Youth Dept. programming promotion, fundraising opportunities and public relations.

放棄法律權益同意書

我(家長英文姓名) _____, 准許我的孩子(營友姓名) _____ 參加角聲「福音夏令營」。我知道, 所有營友都已經具備意外/醫療保險。我讓基督教角聲佈道團為我的子女安排交通, 如有任何意外, 我同意自己承擔費用, 將不在法律上追究基督教角聲佈道團的責任。我准許基督教角聲佈道團和其青少年中心, 使用我孩子參加活動時的照片, 作為推廣、籌款和公共關係等之用。

家長簽名 Parent's Signature _____ 日期 Date _____



Tel. 718-938-5328, E-mail: campherald@cchc.org

Herald Gospel Camp 角聲福音夏令營

- \$550 Session 1: 6/30/24 – 7/5/24
- \$550 Session 2: 7/21/24 - 7/26/24
- \$550 Session 3: 8/4/24 - 8/9/24

Important Notes 重要事項

註冊費: 個人 \$30 (恕不退回) Registration Fee (Non-refundable) \$30.00/camper
家庭 \$50 (恕不退回) Sibling Registration Fee (Non-refundable) \$50.00

First come first served 先到先得

Space is limited, register early 名額有限, 請儘早報名

----- 請把所有表格及支票 (支票抬頭請寫 CCHC) 寄至 156-03 Horace Harding Expressway Flushing, NY 11367 -----

Please make checks payable to **CCHC** and write down the **camper's name & session on the memo section.**

Send completed forms (including Registration form, Health form, and copy of ins. card) with payment to:

CCHC-Camp Herald, 156-03 Horace Harding Expressway Flushing, NY 11367

角聲員工填寫 Office Use Only

Health form: Insurance Card:

Registration Fee \$ _____ Cash Check # _____ Receipt # _____ Date: ____/____/____

Camp Fee \$ _____ Cash Check # _____ Receipt # _____ Date: ____/____/____

Additional Comments: _____