

Herald Gospel Camp Registration Form 2026

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

營友相片
Camper's Photo

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 (2026 年秋季) _____
School Borough Grade (In September 2026)

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

\$650 Session 1: 6/28/26 - 7/3/26

Important Notes 重要事項

*註冊費 (恕不退回) /Registration Fee (Non-refundable) :

\$720 Session 2: 7/12/26 - 7/19/26

\$30 個人/camper \$50 家庭/Sibling

\$720 Session 3: 7/26/26 - 8/2/26

*Multiple Session: 5% off camp fee

----- 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 insurance 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: