

**KWAZULU NATAL FREE STATE CONFERENCE
DECEMBER YOUTH MINISTRIES CAMP 23 DEC 2010 – 02 JAN 2011
REGISTRATION FORM**

PERSONAL DETAILS OF THE CAMPER:

1. NAMES: _____
2. SURNAME: _____
3. SEX & AGE: Male Female Age
4. ADDRESS: _____
5. PHONE & EMAIL: _____

CHURCH DETAILS :

1. NAME OF THE CHURCH : _____
2. CHURCH PASTOR : _____ CONTACT CELL/PHONE : _____
3. CHURCH ELDER : _____ CONTACT CELL/PHONE : _____
4. Pastor's/Elders or church board comments about the person attending :

PARENTAL ACCOUNTABILITY:

1. Indicate if your child have any allergies/illness: _____
2. Does your child drink/smoke/misbehavior/need help in any way that you can make us aware of;

3. Any strength or weakness of your child: _____
4. PARENT/GUARDIAN NAME: _____
CONTACT CELL/PHONE: _____ ADDRESS: _____
5. SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

AMOUNT DEPOSITED:

1. Registration fee: R 600.
2. Total Camp fee R 1200
3. Balance: _____
4. Deadline: (1st) 31st October and (2nd) 30 November

**NOTE: Rooms will be reserved for those registered and faxed their details. Please take this seriously.
Late registration will be R 1400.**

FAX YOUR DEPOSIT SLIP AND THE FORM

OFFICIAL USE:

- APPROVED: _____ DISAPPROVED: _____
- DISGNATED CAMP NUMBER: _____

BANKING DETAILS:

SDA CHURCH YOUTH, ABSA BANK, ACCOUNT NUMBER 9156198049

FOR MORE INFORMATION:

PS HBS Ngwira: Youth Ministries Director and SR NUNU Hlongwane: Youth Ministries Secretary
EMAIL: youthdirector@sdaknfc.org.za CELL: 0842258952 OFFICE: 031 7005301 FAX: 031 7003981
Youth Ministries Secretary: 0836842807