

That I may
KNOW
HIM

HOPE CHURCH CAMP TWENTY TEN

*David knew His heart.
Abraham was called His friend.
The disciples journeyed with him.*

3rd - 5th September 2010

How well do you know God?

Propel your walk with God to a whole new level at Hope Church Camp 2010, That I May Know Him. Register today for a weekend that will deepen and transform your relationship with God and with others.

The Tops Conference Centre,
Bendena Garden Rd,
Stanwell Tops

Experience intimacy with God through powerful praise and worship sessions, in-depth biblical teaching, and life-changing discussions.

Prices:

Adults (12 years +) \$150

Children (4-11 years): \$99

Children (3-5 years): \$30

Children (under 3 years): FREE

Don't miss out on this spiritual adventure that will take you closer to the heart of God.



Hope Church Camp 2010 Registration Form

I wish to register for Hope Church Camp on the 3rd - 5th September 2010.

Ref No:

Name:

Age:

Gender: Male / Female

Address:

Tel (H):

(M):

Email:

Medicare No:

Medical problems or allergies: (This information will be disclosed to Pastors or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function)

Details of any special or dietary requirements necessary for you or your child to participate in Camp:

Over 18 s

I would like to attend Hope Church Camp and I agree that Hope Mission Centre is not liable for any injuries, accidents, lost or stolen properties that may occur during Camp.

Signature:

Date:

Under 18 s

I give permission for my child to attend Hope Church Camp and I agree that Hope Mission Centre is not liable for any injuries, accidents, lost or stolen properties that may occur during Camp.

Signature:

Date:

This section is for the parent or guardian of participants that are under 18 years old.

Name:

Emergency Contact Number(s):

Address:

Transport:

I need transport

I can provide transport. No. of available spaces:

PAYMENT DETAILS

Ref No:

Name:

I would like to open a Hope Saver Account:

YES / NO

Total Amount:

Payment Amount: \$

Cash / Cheque

Payment Type: Deposit / Full Amount

Payment Date:

Signature:

Date:

DONATION

I would like to bless Hope Church Camp by making a donation or contribution.

Donation Amount: \$

Cash / Cheque

Payment Date: