

2007 New England Chinese Christian Conference (NECCC)

<http://fcccc.net/neccc/>

English Ministry Registration Form

Instructions:

1. Minimum age is 12 years old.
2. This form must be completed in order to be processed.
3. Please check the corresponding boxes for meals and lodging.
4. All forms must be postmarked or submitted to church coordinators by **7/21/07**.
The meals and lodging are not guaranteed if you register past the deadline.
(Please use two checks for the offering: One is designated for room and board, which is not tax deductible. The other one is designated for free offering which is tax deductible and NECCC will issue a receipt.)

check # _____ amount \$ _____

5. Return this form with the registration fee to:
Samuel Chu, 45 Copper Beech Drive, Cheshire, CT 06410
6. The registration fee is \$75/Adt, \$40/Chd(4-11), Max \$225/Family.
7. Make checks payable to: **Danbury Chinese Alliance Church (DCAC)**.
8. The conference cost for meals and lodging is given on a free will basis.

Last Name				First Name				MI.			
Age:				Sex: M <input type="checkbox"/> F <input type="checkbox"/>							
Street Address										Apt	
City						State		Zip			
Tel (H) () -						e-mail:					
High School <input type="checkbox"/> College/Career <input type="checkbox"/>						Christian <input type="checkbox"/>		# Years			
Pastor/Youth Director								Tel: () -			
Church/Fellowship						E-mail					
Street Address											
City				State				Zip			
8/9		8/10			8/11				8/12		
Lodg	Lodg	Brkfast	Lunch	Dinner	Lodg	Brkfast	Lunch	Dinner	Brkfast	Lunch	

FOR PARTICIPANTS UNDER 18 YEARS OLD: In view that this Conference holds to Christian standards and values, it is expected that each participant conduct himself/herself accordingly. Therefore I agree to abide the rules and guideline of the Conference.

Participant's Signature: _____ Date: _____

PARENT/GUARDIAN'S PERMISSION: Permission is hereby granted for my son/daughter, _____ to attend the NECCC (8/9-8/12, 2007) at Bryant University, Rhode Island. In case of emergency, please contact _____ at the phone # _____ or _____ at the Conference site. If the above person(s) could not be reached, I give permission for my son/daughter to be treated by a physician and/or be hospitalized. Parent/Guardian's Signature: _____ Parent/Guardian Name (Print): _____

Date: _____