

# CCMC CHURCH CAMP 2018 REGISTRATION: 1-4 June 2018 Hotel Equatorial Melaka

Name (in Passport): \_\_\_\_\_ Gender: M / F Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Small Group (if any): \_\_\_\_\_

Dietary restrictions (if any): \_\_\_\_\_ Movement restrictions (if any): \_\_\_\_\_ Medical concerns/ allergies: \_\_\_\_\_

Total number of rooms required: Single Person Room \_\_\_\_\_ Twin Sharing Room \_\_\_\_\_ Triple Sharing Room \_\_\_\_\_

Number of adults: \_\_\_\_\_ Number of children between 5 - 12: \_\_\_\_\_ Number of children below 5: \_\_\_\_\_ Total no of people taking coach: \_\_\_\_\_

Please note the following:

The person signing below is deemed authorised to sign on behalf of all the persons listed in this form.

By signing this form, you:

- a) hereby agree to indemnify, without limitation, Covenant Community Methodist Church ("CCMC"), its agents and/or representatives for all liabilities and losses incurred in connection with CCMC Church Camp 2018 ("Camp") and its related travel and activities which have been caused by you and/or the other persons listed in this form;
- b) consent to CCMC collecting, using or disclosing all personal data provided for the Camp and/or also for the purposes in relation to administration and Body Life of CCMC; and
- c) consent to CCMC contacting you by telephone or sending phone or email messages to you on matters relating to the Camp and/or on matters relating to the administration and Body Life of CCMC.

The Personal Data that you have provided will be protected and kept confidential but this is subject to the provisions of any applicable law. CCMC will not disclose Personal Data to third parties without first obtaining consent to do so. However CCMC may disclose Personal Data to third parties without first obtaining consent in situations where such disclosure is permitted by the PDPA or by law or for the purposes as set out in CCMC's Personal Data Protection Policy which may be found at <http://www.ccmc.org.sg/pdpa>.

**Registration deadline :  
22<sup>nd</sup> April 2018 Sunday**

Signature/Date : \_\_\_\_\_

## For those under 21 years of age:

I, \_\_\_\_\_, hereby confirm that I am the parent/guardian\* of \_\_\_\_\_. I give my child/ward\* permission to attend CCMC Church Camp 2018 and declare that the information filled in above to be true, accurate and complete. I will bear full responsibility for this consent and declaration.

Signature of Parent/Guardian\*: \_\_\_\_\_

Date: \_\_\_\_\_

\* delete accordingly

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## Other Family Members Joining:

Name (in Passport): \_\_\_\_\_ Gender: M / F Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Small Group (if any): \_\_\_\_\_  
 Dietary restrictions (if any): \_\_\_\_\_ Movement restrictions (if any): \_\_\_\_\_ Medical concerns/ allergies: \_\_\_\_\_

Name (in Passport): \_\_\_\_\_ Gender: M / F Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Small Group (if any): \_\_\_\_\_  
 Dietary restrictions (if any): \_\_\_\_\_ Movement restrictions (if any): \_\_\_\_\_ Medical concerns/ allergies: \_\_\_\_\_

Name (in Passport): \_\_\_\_\_ Gender: M / F Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Small Group (if any): \_\_\_\_\_  
 Dietary restrictions (if any): \_\_\_\_\_ Movement restrictions (if any): \_\_\_\_\_ Medical concerns/ allergies: \_\_\_\_\_

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 Mobile Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Small Group (if any): \_\_\_\_\_  
 Dietary restrictions (if any): \_\_\_\_\_ Movement restrictions (if any): \_\_\_\_\_ Medical concerns/ allergies: \_\_\_\_\_

ROOM REQUIREMENTS	Hotel facilities & group meals S\$	Coach required S\$ per pax	Total Costs S\$	For Office Use :
A. Single Person Room basis (\$430 per pax)	\$430 x _____	\$50 x _____		Registration Form received on:
B. Twin Sharing Room basis (\$260 per pax)	\$260 x _____	\$50 x _____		Payment received on (CASH):
C. Triple Sharing Room basis (\$240 per pax)	\$240 x _____	\$50 x _____		Payment received on (CHEQUE):
D. Triple Sharing YOUTH Room (\$200 per pax) <input type="checkbox"/> Student <input type="checkbox"/> Army	\$200 x _____	\$50 x _____		
E. Add Child (5 to 12 yrs) without bed Add Child (Below 5) without bed	\$70 x _____ Free	\$50 x _____ Free		Official Receipt issued on (ref no): Remarks:
<b>TOTAL COSTS</b>			S\$	* If youth is sharing room with parents, youth enjoys \$40 subsidy