

BCFCHURCH
ENCOUNTER
W E E K E N D

Men & WomenFriday, September 30,2016—Sunday, October 2. 2-016

Attending BCF 1 year or less/Teens.....\$30.00

General.....\$50.00

▪ Meals included ▪ 7pm Friday Night check in ▪ Sessions begin promptly at 7:30pm Friday

I would like to: Overnight with the team at church Go home but will be back on time

Refunds will be given up to Wednesday September 28

Please check one: Women Men This is my 1st Encounter

Name _____ Age (If under 18) _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone () _____ Email _____

Church Affiliation _____

List the names of two people that support you in your faith and can be contacted:

ADDITIONAL NOTES *(Please advise us if you have any health/dietary restrictions or special needs:)*

1) _____ Email _____ Phone () _____

2) _____ Email _____ Phone () _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Phone () _____

Your Health Card #: _____ Signature _____

Do you have any children in the Jr. Dept. on Sunday? YES ___ NO ___

BCFCHURCH
ENCOUNTER
W E E K E N D

Parental Permission Form (for those under 18)

I give _____ permission to attend a BCF Encounter Weekend to be conducted at Bramalea Christian Fellowship.

I release Bramalea Christian Fellowship, its employees and volunteer workers from liability for any injury to my teen, as well as for any loss, theft or damage to their belongings, except as resulting from actual negligence on the part of BCF, its staff or workers.

I understand that any youth over the age of 16 will be provided with supervision and that my teen will have freedom of movement within the conference facility. I agree to provide my teen with their health card in the event of an accident or injury requiring an examination by a physician or admission to a hospital.

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

BEST CONTACT NUMBER

FOR OFFICE USE ONLY

\$30/\$50 PAID ON _____ BY _____

CASH CHEQUE MASTERCARD/VISA

RECEIPT ATTACHED

DATABASE UPDATED