

CENTRAL JAMAICA CONFERENCE

*of Seventh-day Adventists
58 Brunswick Avenue, Spanish Town, St. Catherine*

CAMP MEETING REGISTRATION FORM

Thursday, December 13 – Sabbath, December 15 2007

Theme: 'Reliving the Experience of Pentecost'

NAME: _____

CHURCH: _____

PASTOR: _____

SEX: MALE

FEMALE

HOUSING REQUIRED: YES NO

TRANSPORTATION REQUIRED: YES NO

MEDICAL INFORMATION

Name: _____ Telephone: _____

Age Group: { } Under 19 { } 19– 30 { } 31-50 { } Over 50

Special Medical Concerns:

{ } Allergies { } Diabetes { } Asthma { } Heart Condition { } Other _____

Do you have medication? { } Yes { } No

If yes, state type: _____

Emergency Contact: _____ Telephone: _____

Approved by: _____
Pastor/Elder

Date: _____

NOTES

1. Camp Meeting/Lay Institute – each attendee will contribute *J\$1,000* per delegate, *\$1,500* others
2. Five delegates per Church
3. Transportation will leave C.J.C. Office at 10:00 a.m., 12:00 noon, 2:00 p.m., and 4:00 p.m. on the 13/12/07.
4. Registration may be done through any of these methods: Telephone - 984-2044/ 984-5577, fax completed registration from to 984-8589, email to cjcpres@yahoo.com, or mail to the above address.

NB: All Application Forms along with contributions must be sent to Mrs. E. Palmer at the Conference Office on or before November 30, 2007.