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## 北 英 倫 春 令 會

## NORTH ENGLAND EASTER CONFERENCE

## Application Information (申請指南)

CONFERENCE DATE (日期): 5-8 April 2010 LOCATION (地點): Cefn Lea Park, Newtown, Powys, SY16 4AJ, WALES

Section (營會)	Full Fees (營費)
Adult	£ 105
Student/O.A.P.	£ 85
Youth	£ 85
Children's Camp	£ 60

Day visitor	Day Fee (探營價)
5 April 2010	£ 15
6 April 2010	£ 20
7 April 2010	£ 20
8 April 2010	£ 15

- Full fees include accommodation, breakfast & evening meals, expenditure for speakers and charges by CEFN LEA (Fees do not include lunch & transport).
- Day fee includes an evening meal; accommodation and breakfast are not included.
- Children under three go for free.
- 以上營費包括住宿、早晚兩餐、講員的支出及營地收取的日營費等 (營費不包午餐、交通)。
- 探營價: 包括晚餐、不包早餐住宿
- 三歲以下幼兒不收費。

## Application Procedures:

1. Please fill in one application form per family, specifying the appropriate conference section to be attended for each member.
2. Please hand in your application including payment to your local NEEC representative.
3. Please make cheques payable to 'NEEC'. State clearly on the back of cheque the names of applicants.
4. Your application must be received by 01/03/2010.
5. If all places are filled before 01/03/2010, late applications will be put on a waiting list.  
Names on the waiting list are allocated at the discretion of the NEEC administrative team, subject to availability.
6. Fees are non-refundable.
7. Contact your local NEEC representative if transport is required.
8. Any queries, please contact your local NEEC representative. Alternately email your enquiry to [necadmin@manchesterccc.org.uk](mailto:necadmin@manchesterccc.org.uk).

## 申請守則:

1. 請在申請表格上選擇注明欲參加的營會。每參與家庭必須填寫一份表格。
2. 請把填妥的表格連同營費繳交給其所屬教會的 NEEC 代表, 營費將由教會代表轉入 NEEC 戶口。
3. 支票抬頭請填寫「NEEC」, 並於支票背面注明申請者的姓名。
4. 報名必須在 01/03/2010 當日或之前寄到。
5. 報名採取先到先得形式, 若在 01/03/2010 當日或之前名額已滿, 所有之後收到的申請表格將歸入候補名單。等候期內若有空缺, 營會將實施自行分配制。
6. 報名確認及繳後退出, 營費將不予退費。
7. 若需交通安排, 請與您所屬的教會團契負責人接洽。
8. 若要諮詢申請結果, 請與您所屬的教會團契負責人 查閱, 或者電郵詢問至 [necadmin@manchesterccc.org.uk](mailto:necadmin@manchesterccc.org.uk)。

*All applicants under the age of 16 must be accompanied by a parent or a guardian. Guardians must be over 21 and should not be responsible for more than 6 children/youth. All applicants under 16 must also submit a completed 'Children's emergency form'.*

所有十六歲以下的報名參加者, 必須有家長或監護人陪同一起參加。監護人必須年滿 21 歲或以上, 每位監護人最多只限監管六位青少年或兒童。每位十六歲以下的報名者必須填一份「兒童緊急須知資料表格」。

## Deadline (截止日期): 01/03/2010

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### Application Form (申請表格)

English name 英文姓名	Chinese name 中文姓名	Date of Birth 出生日期	Sex 性別	Section 營會	Visiting days 探營日數	Fees 營費

E-mail (電郵): \_\_\_\_\_

Telephone (電話): \_\_\_\_\_

Address (地址): \_\_\_\_\_  
\_\_\_\_\_

Church/Fellowship (所屬教會或團契): \_\_\_\_\_

Emergency Tel (緊急聯絡電話): \_\_\_\_\_

Contact name (聯絡人姓名): \_\_\_\_\_

Family Doctor's Name (家庭醫生姓名): \_\_\_\_\_

Doctor's Telephone (醫生電話): \_\_\_\_\_

Health issues (健康狀況): \_\_\_\_\_

Dietary Requirements (特別飲食需求): \_\_\_\_\_

*The information given in this form is confidential and will be used only for the purposes of the NEEC admin team. It will not be divulged to outside parties except in the case of emergency involving the safety of the applicant(s).*  
這表格所題供的知料只會讓NEEC Admin team使用. 在非危急狀態絕對不會洩漏給第三者.

**Deadline (截止日期): 01 / 03 / 2010**

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## Children's emergency form 兒童緊急須知資料表格

	Child 1	Child 2	Child 3
English Name 英文姓名			
Chinese Name 中文姓名			
Date of Birth 出生日期			
Dietary Requirements 不能吃某種食物			
Medical Information 醫療資料			
Allergies 敏感 / 特別情況			
Emergency Tel 緊急聯絡電話			
Contact Person 聯絡人姓名			
Doctor's Name 醫生姓名			
Doctor's Tel 醫生電話			

In case of emergency, I give my permission to conference leaders to administer medical treatment to my child.  
如有特發事故,我願意讓我的子女在營會期間接受醫療。

Parent's Signature

家長簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Guardian signature

監護人簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_