

2017 年 三十九屆海宣北美夏令會報名表
 Christian Missions Overseas 2017 Summer Conference Registration Form
 (July 1 - July 4 / 2017)

英文姓名 English Name	中文姓名 Chinese Name	性別 Sex	年齡 Age			專題選擇： A - F	
			18-25	26-64	65 & Over	7/2/2017	7/3/2017
電話 Tel :		手機 Cell :		電郵 E mail :			
住址 Address :							
所屬教會及教會夏令會聯絡人 Church Affiliation and Coordinator :							

專題課程：

- | | | | |
|---|-------|-------|---------------------------|
| A | 教會 | 宋先惠長老 | 教會成長 |
| B | 大陸事工 | 華欣牧師 | 新媒體時代的全民宣教 |
| C | 宣教 | 黃約瑟牧師 | 從末世看穆斯林世界: 探討近期眾多穆斯林信主的原因 |
| D | 教會音樂 | 蔡正驊老師 | 詩篇與敬拜 I & II |
| E | 家庭 | 高青林師母 | 婚姻、生命與事奉 I & II |
| F | 歷史與預言 | 陸大齡長老 | 第三與第四聖殿 |

英文青年組請填下表。 十八歲以下參加者，請參看背面說明，並簽署家長授權同意書，謝謝。

English speaking youths should fill out below. For minors, please see reverse side. Signatures are required for registration.

英文姓名 English Name	中文姓名 Chinese Name	性別 Sex	生日 Birthday	年齡 Age	年級 Grade in Fall 2017	選項 Preference	
						Dormitory Bed 睡床	Sleeping Bag 睡袋
您的通郵網址 Your Email Address :							

註：可容納睡袋的位置有限，將依報名順序接受，額滿為止。攜睡袋者，自備盥洗毛巾。

Remarks : Space for attendees with sleeping bags is limited, and will be available based on the order of registration form received.

Those who bring their sleeping bags should also provide their own towels.

- * 膳宿費： 十八歲以上 Age 18 and up \$195.00
- Dorm & Meal Fee for three nights 12-18歲 自攜睡袋 Bringing own sleeping bags \$125.00
- 5-11歲 自攜睡袋 Bringing own sleeping bags \$90.00
- 未滿五歲 免費

(膳宿費 僅是支付報名者個人膳食與住宿費用，大會行政、講員等費用，需要弟兄姐妹特別奉獻。)

- * 鼓勵提早報名：在五月二十二日以前報名繳費者(郵戳為憑)，床位減收十元，睡袋沒有優待。
Discounts for early registration (before May 22 by postmark): \$10 (bed) per person, sleeping bag no discount.

* 繳納費用 共計 Total Fees: \$ _____ (支票抬頭 Make Check Payable to : C M O)

* 報名截止日期：六月五日 Registration Deadline: June 5, 2017

* 報名表及支票請寄：
 Please mail registration form with check to: **Christian Missions Overseas, Inc.**
1614 Otterbein Ave., Rowland Heights, CA 91748
 Tel: (626) 964-5556 Fax: (626) 964-5506 Email: cmousa@aol.com Website: www.cmoinc.org

* 首日(7/1) 晚餐時間 Dinner Time on July 1 is 5:15-6:15 P.M.

* 需要交通車接送者，請於六月五日前向海宣辦公室登記，往返車費每人\$ 50 (含小費)。

* 為方便熟人互相照顧，建議各教會或團體，儘可能派一位代表，協助辦理集中報名與安排住房。

* 備註 Remark : _____

Attention: CMO English Speaking Youth & College/Career Attendees

Remember to bring your tennis/athletic shoes and appropriate clothing for outdoor sports or field activities. You may want to bring sunblock and water bottles too.

CMO Conference Rules & Guidelines for Minors (under 18 years of age)

During this conference, you will be assigned to a small group. Each small group will have one or more Small Group Leaders, who, in addition to being counselors you can talk to, will be responsible to the conference organizers for your behavior and safety. You are expected to follow these rules and guidelines*:

1. You are expected to attend all meetings and activities. Please make a note of the starting times, and be on time.
2. You are not allowed to leave the USD Campus at any time during the conference.
3. Do not disturb other people’s sleep. Quiet hours are from 11 PM to 6 AM. You are not allowed to wander around the campus during these hours.
4. Persons of the opposite sex are not allowed in dorm rooms or apartments at any hour. Please observe this modesty rule and wait in the hall for your friends.
5. If you need to leave the CMO Conference early, inform your Small Group Leader and follow the checkout procedure.
6. You are responsible for checking out before you leave the conference. There is a fee charged for late checkouts.

***If you violate the conference guidelines/rules and choose to ignore the warnings of the conference leaders, your parent/guardian will be notified. Christian Missions Overseas (CMO) reserves the right to send you home (at your expense) or to be with your parents during the rest of the conference. Any associated fees will be due when you leave.**

I (we) have read and understood the guidelines listed above and agree to abide by them.

_____	_____ / _____	_____	_____	_____ / _____	_____
Print Minor’s Name	Signature of Minor	Date	Print Minor’s Name	Signature of Minor	Date
_____	_____ / _____	_____	_____	_____ / _____	_____
Print Minor’s Name	Signature of Minor	Date	Print Minor’s Name	Signature of Minor	Date

***If both parents are not present during the conference, please designate a guardian at the conference.**

_____	_____ / _____	_____
Name of Designated Guardian	Signature of Guardian	Date

PARENTAL CONSENT & MEDICAL RELEASE FORM

I, _____, have read and understood the above CMO Conference Rules & Guidelines for Minors.
Name of Parent or Guardian

I give permission for my children listed below to attend the Christian Missions Overseas (CMO) 2017 Summer Conference’s activities at USD from July 1 to July 4. In the event of any accident or illness, I authorize the adult supervision to obtain medical treatment for my children. I understand that if medical treatment is required in any event, every effort will be made to contact me. However, if I cannot be reached, I authorize the CMO Staff, youth workers, or sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia for my child/children’s well being. I assume responsibility for any medical bills, costs, or demands for personal injury, sickness, or death, as well as property damages and costs of any nature which may be incurred by the minors signed above.

_____	_____	_____		
Child’s Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____		
Child’s Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____		
Child’s Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____		
Child’s Name	Birth date	List Allergies, Medical Conditions, Medicine Currently taking, Pertinent Med. Info.		
_____	_____	_____	_____	_____
Address	City	State	Zip	Home Phone Number
_____	X _____	_____	_____	_____
_____	_____	_____	_____	_____
Father/Guardian’s Name	Signature	Work/Bus Phone	Additional Phone Number	
_____	X _____	_____	_____	
_____	_____	_____	_____	
Mother/Guardian’s Name	Signature	Work/Bus Phone	Additional Phone Number	
_____	_____	_____	_____	
_____	_____			
Medical Insurance Company	Policy Number/ Family Account No.			

In case of emergency, your child/children will be released to the emergency contacts listed.	_____	_____	_____
	1) Emergency Contact	Phone	Work/Bus
	_____	_____	_____
	2) Emergency Contact	Phone	Work/Bus