

2012 年 (第 24 屆) 東南區福音營 - 竭誠歡迎您參加!

時間: 2012 年 3 月 30 日 (星期五) 晚至 2012 年 4 月 1 日 (星期日) 中午

地點: **Shocco Springs Conference Center, Talladega, Alabama**

報名: 即起至 2012 年 3 月 11 日 (星期日) 止, 詳情請看報名表

您亦可至 www.segospelcamp.org 下載報名表

講員介紹

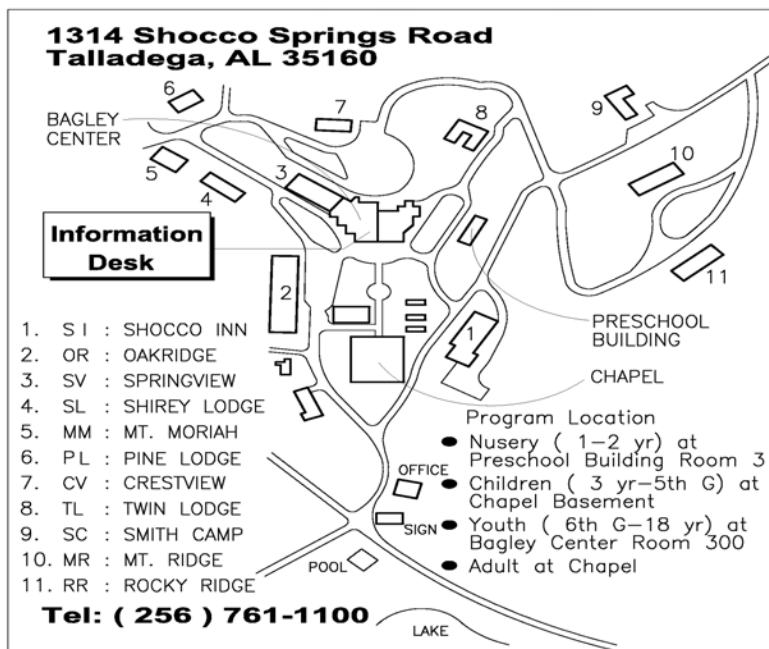
饒孝楫牧師

1938 年生于北京, 1949 年到台灣。大學一年級決志信主, 並以優異成績畢業於成功大學建築工程系。他原渴望做一位杰出的建築師, 然而因蒙主呼召決定放棄建築師的美夢, 奉獻全職傳道, 以成為一個心靈的建築師自許, 從事對學生和知識份子的福音工作。

曾任校園福音團契總幹事九年, 訓練部主任十七年; 現任該團契執行委員會主席、海外學人部主任、海外校園雜誌發行人。近二十年來, 常在歐美各地向大陸學人分享福音, 見證神的真理。

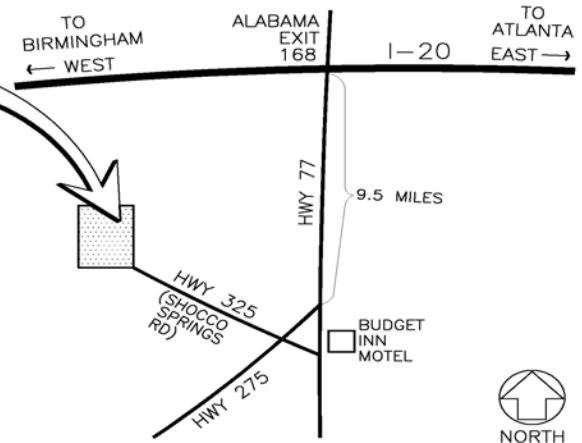
洪予健牧師

1982 年畢業於上海復旦大學化學系。1991 年春獲美國賓夕法尼亞大學(U. Penn)物理化學博士學位。1991 年 12 月在加拿大溫哥華卑詩大學(UBC)作博士後研究期間受洗歸主。1992 年秋蒙召入讀溫哥華維真神學院 (Regent College), 並參與該校中國研究部的福音事工研究, 帶領 UBC 中國學人查經班, 也受邀在北美各地向中國學人傳福音。1995 年春取得基督教研究碩士學位。1996 年 5 月起任溫哥華浸信會信友堂主任牧師。



DIRECTION FOR SHOCCO SPRINGS CONFERENCE CENTER OF ALABAMA

- I-20 Exit 168
- Take Hwy 77 South
- Exactly 9.5 Miles Right Turn to Hwy 275 South
- First Intersection Right Turn to Hwy 325 (Shocco Springs Road)



- 請保留此地圖, 大會不再另發赴會通知! 報到時間為 3 月 30 日下午 5:00 起
- 請攜帶 \$5 現金做房間鑰匙押金
- 有幼兒之家長請特別注意報名表之第 4 項

2012年（第24屆）美東南區福音營

時間	3/30 (五)	3/31 (六)	4/1 (日)
7:30 - 8:30	歡迎到福音營！	早餐	早餐
8:30 - 8:50		清晨歡唱	清晨歡唱
8:50 - 10:05		饒孝楫牧師 文明的困境与心灵的重建 (一) 信息 70'報告 5'	洪予健牧師 认识你的罪 并信你的救主耶穌基督 信息 70'報告 5'
10:30-12:05		洪予健牧師 认识赐你生命的神 詩歌 20'信息 70'報告 5'	饒孝楫牧師 文明的困境与心灵的重建 (三) 詩歌 20'信息 70'報告 5'
12: 10- 1:20		午餐	午餐
1:40 - 3:15		亞城教會福音隊 主題：期待！	再 會 ！ 神 祝 福 您 ！
		報到處設於 Bagley Center 5:00 開始報到	
	6:00 - 7:00 晚餐		
	7:30 - 9:05 洪予健牧師 认识创造天地的神 詩歌 20'信息 70'報告 5'		
	9:15 - 10:00 分組討論		
		3:15 - 5:30 自由活動 (3:20 - 5:20 校園事工交流 at Bagley 223)	
		5:30 - 6:30 晚餐	
		7:00 - 8:35 饒孝楫牧師 文明的困境与心灵的重建 (二) 詩歌 20'信息 70'報告 5'	
		8:45 - 9:30 分組討論	

3月31日(週六)12: 15- 1:00 及 5:30 - 6:30 在 Bagley Center 223 室有禁食禱告會

2012 年（第 24 屆）美東南福音營報名表（ACCC 弟兄姐妹及福音朋友使用）

3 / 30 / 2012 – 4 / 1 / 2012

您所參加的團契（未參加團契者不必填）：_____

您的聯絡電話：_____ Email: _____

您來自：大陸 _____ 台灣 _____ 香港 _____ 其它 _____

如您行動不便必須住有電梯的宿舍請在此打勾：_____

填寫年齡時請填寫以下**年齡範圍**（請勿填單一年齡）：

0-2 歲 3-8 歲 9-12 歲 13-18 歲 19-30 歲 31-49 歲 50-70 歲 >70 歲

如您願意參與大會服事，請將代號填在下方（服事之代號）項下，可複選：

A. 照顧 1-2 歲幼兒 B. 服務台 C. 小組長 D. 司琴 E. 交通接送

報名費：**0-2 歲免費，3-8 歲 \$25，9 歲及以上 \$50**，報名費恕不退還，但可找人替換，並請務必通知各單位負責人。大會只收現金或個人支票，**抬頭請寫：ACCC, Memo: GC Reg**

即日起至**3 月 11 日（星期日）**向各團契負責人報名繳費；未參加團契者請將報名表及支票放入信封內，投入教會奉獻箱；**已參加團契者請務必向團契負責人報名，請勿投入奉獻箱內，謝謝合作！**

關係	姓名		年齡範圍	性別 M / F	已請 是在 此 基 督 打 徒 勾	住宿		用餐						服 事 之 代 號	報 名 費 金 額
	Last Name	First Name				週 五	週 六	五 六 日							
								晚	早	午	晚	早	午		
本人	中文														
	英文														
	中文														
	英文														
	中文														
	英文														
	中文														
	英文														

報名注意事項：

1. 同一家人請填寫同一張報名表。12 至 18 歲青少年必須和家長或是願意負責監護的 21 歲以上親友一同報名、一同住宿。如果您的孩子被青少年主任邀請做同工，Job Wong 會替他報名，您不需為他報名。
2. **未滿 19 歲孩子，父母或監護人需填所附 Waiver Form (P1 & P2)，報到時繳交。**
3. 若有願同住之同性朋友，每人需個別填表，但請在關係欄注明要和誰住。因營地住宿及會場容量有限，獨自報名者我們將安排您與其他單位的同性朋友一起住，除非您找好二或三位朋友一起報名並指定同住。如您不習慣與其他人同睡一床，請務必自備睡袋。同時，晚報名及僅住宿一晚者恕大會不擔保住宿。
4. 本福音營以中文講道，如有聽英文者，請各單位自行安排翻譯；如有同行子女不諳中文者，大會提供：**1 至 2 歲幼兒照顧，3 至 11 歲兒童營，12 至 18 歲青少年營三個年齡組。**
5. 營地宿舍無冰箱，如有嬰兒同行，請父母自備冰桶，營地餐廳可提供碎冰。
6. 如有幼兒未滿 1 歲，或是已滿 1 歲但尚不能自己平穩走路的，請父母自行照顧，恕大會無法提供服務。大會會場禁止帶小孩入大堂及逗留大堂門廳內，以免影響會眾聽道，請有幼兒的父母親諒解與合作。
7. 請注意營地為禁煙營地，並且禁帶寵物，謝謝您的合作！
7. **大會實際開支 9 歲及以上 \$120, 3 至 8 歲兒童 \$50**, 若您對大會經費需要有感動, 歡迎為此自由奉獻，現金或個人支票均可, **抬頭請寫：ACCC, Memo: for Gospel Camp**

P.O. Box 886
Talladega, AL 35161
PH: 800.280.1105
PH: 256-761-1100
FAX: 256.761.1270



Waiver & Release

Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) may be asked to have a signed and witnessed OR notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. Only Pages 1 and 2 of this form must be presented at Event check-in.

Event Name:	SE Chinese Gospel Conference		Event Date:	03 31 12
				04/01/12
Church/Organization Name:	ACCC	City/State:	Tucker/GA	Phone (M) 908-1972
Name:		Age:		Sex: Male/Female
Address:			Birth date:	/ /
City:		State:		Zip:
Parent/Guardian:				
Home Phone:	()	Work Phone:	()	Cell Phone:
Email address:				

By signing this form, I agree to the following:

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC and the Church/Organization for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities. (See Page 3 for SSBCC Recreation Activities Descriptions)

Medical Emergency. In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

SSBCC's guest medical supplement will assist within current/prescribed limitations in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SSBCC's guest medical supplement will also assist within current/prescribed limitations.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent. I know that media will be used to capture comments, interviews, pictures and video of SSBCC activities in which I will participate. By signing this form, I give my consent and permission for the taking of photographs, recordings, statements, and/or video of me (and/or my child) during and regarding SSBCC activities. I hereby grant to SSBCC the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials. I also hereby release SSBCC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check which applies:

Parent/Guardian (for attendee under 19 years of age)

Attendee (19 years of age and over)

Signature: _____

Date: _____

Relationship to Attendee _____

Contact #: _____

Witness (required if not notarized)

I witnessed _____ sign the above Waiver and Release on
Attendee, Parent or Guardian

_____ *Date*

(Witness) Signature

(Witness) Print Name

(Witness) Address

City

State

Zip Code

請一位
成年朋友
(非親屬)
填寫左框
並簽名

OR

Notary Information (optional)

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of _____

The county of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

_____ day of _____, A.D. _____.

Notary Public My commission expires _____