

# Talitha Koum

Adventure Camp for Young Ladies

“Little girl, stand up! Your time has come!”

Join us for an exciting weekend filled with adventure, fun and time with God and each other.

## CAMP INFORMATION

Grades: 8 – 12

Dates: 8 – 10 April 2011

Cost: R450.00 pp

Venue: Spirit of Adventure Camp Site, Magaliesburg

Closing date for registration: 28 March 2011

Note: Departure **strictly at 15:00** on 8 April from Saal Street  
Return at 16:00 on Sunday 10 April to Saal Street

### What to bring

- sleeping bag, mattress and pillow
- toiletries
- t-shirts, shorts and running shoes
- something warm for the evenings
- water bottle, hat and sunscreen
- swimsuit and towel
- flashlight and Mozzie spray
- bible, journal and pen

### What *not* to bring

- cellphone, iPod and laptop
- heels, make-up and mirror
- hairdryer and straightener
- money, snacks and sweets

WARNING: THIS IS AN ADVENTURE CAMP.  
BAGS WILL BE SEARCHED FOR CITY-GIRL  
ITEMS!

### **Please complete both the attached registration form and indemnity, and -**

- drop this form, along with the payment or proof of payment in a marked envelope, into the offering baskets on a Sunday, for attention Emma Richards; or
- fax the form and proof of payment to 3Ci office at 0129961867, for attention Emma Richards.

To make payment via EFT, please use the following BANKING DETAILS:

Account Holder: Capital City Church International

Bank: FNB

Branch name: Lynnwood

Branch code: 25 20 45

Account number: 6228 2284 000

Reference: “T.Koum – Surname”

“I have taught you the way of wisdom; I have led you in paths of uprightness.  
When you walk, your step will not be hampered, and if you run, you will not stumble.  
Therefore, stand fast.”  
(Proverbs 4:11-12)

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## REGISTRATION FORM

**Closing date for registration and payment: 28 March 2011**

Name and Surname of camper: \_\_\_\_\_

Cell phone number of camper: \_\_\_\_\_

Email address of camper: \_\_\_\_\_

### Parent's / Guardian's Details

Name and Surname: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relation to camper: \_\_\_\_\_

Health information that 3C1 should be made aware of (*e.g. allergies, medical conditions and details of any medication that the camper is taking*): \_\_\_\_\_  
\_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_  
\_\_\_\_\_

Name of medical aid: \_\_\_\_\_  
\_\_\_\_\_

Medical aid number: \_\_\_\_\_ Main member: \_\_\_\_\_  
\_\_\_\_\_

**Name and Contact Telephone number of a relative in case of  
emergencies:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**NOTE:** IF PAYMENT IS MADE VIA EFT, PLEASE PUT THE **REFERENCE** AND THE **PMT** REFERENCE  
THAT YOU USED HERE:  
\_\_\_\_\_

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