

Nth NSW - Nth QLD - Sth QLD



Agents of TRUTH

2012 Training Camp!!! 24th - 26th February

Registration Form

If you are of high school age and up then for only **\$35** come along to this training weekend...

WHY?

To help all 3 divisions get a greater understanding of this ministry

Develop ways to make the ministry bigger and better

Discuss leadership structures and responsibilities

Train new participants and refresh current participants

Registrations due by 6th February to the South Queensland

Youth and Children's Department

07 3222 6630 or rhys.wilson@ae.salvationarmy.org





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Agents of TRUTH camp 2012

Camp will be on the 24th to 26th February 2012 and will be at QCCC Tamborine Pioneer Retreat Centre, 255 Beacon Rd, Mt Tamborine, Qld 4272 (approx. 1 hour south of Brisbane).

Camp registrations will be from 6.30pm Friday and then camp will close approx. 12.30pm on Sunday at the duration of our Corps visit. (corps TBC).

Because of Divisional and Territorial sponsorship the cost of this camp will be only \$35 and this will include Accommodation and Food (not including Sunday lunch). This does not include travel costs.

This camp will be an opportunity for the North NSW, Central North Qld and South QLD divisions to get together and learn more about the Agents ministry and its potential to reach people for Christ.

The weekend will be a fun filled time of learning about the characters, shows, dances, leadership structures and more. The weekend will finish by presenting a show at a local corps .

Please find below a copy of our timetable for the weekend. If you have any more questions then please contact us on 07 32226630 or rhys.wilson@aue.salvationarmy.org

Timetable

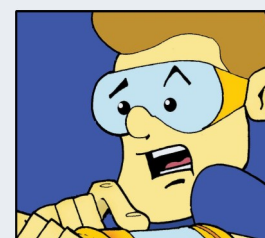
Friday

- Registration
- Meet and Greet session
- Vision Sharing



Saturday

- Session 1 – Intro to agents/Unpacking the characters and dancers
- Session 2 – Leadership Responsibilities (leaders) and learning the dances (participants)
- Session 3 – Learning the show/s
- Session 4 – Practice for corps visit
- Night Social activity



Sunday

- Agents visit to a local corps





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PERSONAL INFO

FIRST NAME: _____ LAST NAME: _____

CORPS: _____ D.O.B. ____ / ____ / ____ SEX: MALE / FEMALE

ADDRESS: _____

MOBILE No.: _____ HOME No.: _____

EMAIL ADDRESS: _____

***AN EMAIL ADDRESS MUST BE SUPPLIED TO RECEIVE CONFIRMATION AND REGO PACK**

I AM A... PARTICIPANT LEADER

IF A LEADER AND OVER 18, PLEASE COMPLETE THE FOLLOWING:

BLUE CARD #: _____ EXPIRY DATE: _____

*** IF YOU ARE A LEADER OVER 18 AND DO NOT YET HAVE A BLUE CARD, TALK TO YOUR CORPS OFFICER ABOUT APPLYING FOR A VOLUNTEER BLUE CARD.**

MEDICAL INFO

MEDICARE CARD: _____ HEALTH CARE CARD: _____

PRE-EXISTING OR PRESENT MEDICAL CONDITIONS: _____

NAME AND DOSAGE OF MEDICATIONS THAT MUST BE TAKEN: _____

PLEASE TICK IF THE APPLICANT IS ALLERGIC TO:

INSECT STINGS PENICILLIN OTHER - PLEASE SPECIFY _____

PLEASE LIST ANY DISABILITIES OR RESTRICTIONS: (EG, HEARING PROBLEMS) _____

PLEASE LIST ANY DIETARY REQUIREMENTS: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PERSON ON THIS FORM: _____

MOBILE No.: _____ HOME No.: _____



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Under 18 -Permissoin/Indemnity

PLEASE READ THE FOLLOWING CAREFULLY AND CIRCLE YOUR RESPONSE

- YES / NO** I CONSENT TO MY CHILD ATTENDING **AGENTS OF TRUTH CAMP 2012** AND TAKING PART IN THE OVERALL ACTIVITIES OF THIS EVENT.
- YES / NO** I UNDERSTAND THAT IF URGENT MEDICAL ATTENTION IS NEEDED, EVERY EFFORT WILL BE MADE TO CONTACT THE EMERGENCY CONTACT PERSON LISTED ON THIS FORM. IN THE EVENT THAT THE NOMINATED PERSON CANNOT BE CONTACTED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE SUCH MEDICAL TREATMENT AS THE LEADERS DEEM NECESSARY.
- YES / NO** I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED IN VEHICLES ARRANGED BY THE LEADERS OF THE **SALVATION ARMY** GROUP MY CHILD IS CONNECTED TO.
- YES / NO** I CONSENT TO THE USE BY **THE SALVATION ARMY** OF ANY PHOTOGRAPHS OR VIDEO FOOTAGE THAT MAY BE TAKEN OF MY CHILD DURING THE CAMP.
- YES / NO** I CONSENT TO MY CHILD'S NAME BEING PUBLISHED IF ANY PHOTOGRAPHS ARE USED IN **SALVATION ARMY** PUBLICATIONS.

I UNDERSTAND THAT ALL REASONABLE SAFETY PRECAUTIONS WILL BE TAKEN AT ALL TIMES BY **THE SALVATION ARMY** AND WEEKEND LEADERS AND THAT **THE SALVATION ARMY** CANNOT BE HELD RESPONSIBLE FOR ANY PERSONAL INJURY, LOSS OR DAMAGE INCURRED BY THE PERSON ON THIS FORM.

I ALSO ACKNOWLEDGE THAT **THE SALVATION ARMY**, AS AN EVANGELICAL ARM OF THE **CHRISTIAN CHURCH**, WILL ADHERE TO AND EXPOUND ITS PRINCIPLES, BOTH FORMALLY AND INFORMALLY THROUGHOUT THE EVENT.

PARENT / GUARDIAN : _____ **DATE:** _____

PAYMENT METHOD

CORPS OFFICE USE ONLY:

FORMS DUE TO DHQ MONDAY 6TH OF FEBRUARY

***IF FAXING, PLEASE ALSO EMAIL NAMES TO NICHOLE TO ENSURE WE RECEIVE ALL FORMS.**

NICHOLE.MCIVER@AUE.SALVATIONARMY.ORG

*** I GIVE PERMISSION FOR DHQ TO JOURNAL \$35 (PAYMENT FOR A.O.T CAMP)**

FOR (NAME OF APPLICANT) _____

TO ACCOUNT NO. _____ **0500 00 61202**

CORPS OFFICER SIGNATURE: _____ **DATE:** _____