



CAMP 2014 REGISTRATION FORM
Jala-Jala Retreat and Recreation Center (30 April-3 May)

Name: _____ Nickname: _____

Age: _____ Birthday: _____ Contact Number: _____

Complete Address: _____

Email Address: _____ T-Shirt Size: _____

Name of Church/Organization: _____

Address of Church/Organization: _____

Email/Website of Church/Organization: _____

Position in Church/Organization: _____

In Case of Emergency, contact: _____ Contact Num.: _____

Medical Alerts/Allergies: _____

I hereby recommend / approve the participation of _____
 (name of delegate) to LOVESTRUCK CAMP 2014.

Signature of Pastor/Head of Organization over printed name

Date

Encircle the seminar topics you intend to attend (one topic per training track)

Leadership	Spiritual Leadership 101	Mentoring Principles	Stress Management in Ministry
Discipleship	Spiritual Disciplines	Missiology 101	Corrective Disciple Program
Personal Development	Public Speaking	Counseling Principles	Personal Finance Management
Relationships	Family Evangelism	Understanding Emotional Attachments/Dependence	Improving Self-Confidence
Technical Ministry Skills	Photoshop and Graphics Design	Effective use of Social Media	Organizing Camps and Ministry Events

Please send the filled-up form to lovestruckmovement@gmail.com not later than April 21. Thank you.

To be filled up by Lovestruck Camp staff only

REGISTRATION

[] Fully Paid: _____ (Amount)

Date of Payment: _____

[] Partial Payment: _____ (Amount)

Date of Payment: _____

Received by: _____ OR Number: _____