

2018年(第30屆)美東南福音營-竭誠歡迎您參加!

時間: 2018年3月23日(星期五)晚至3月25日(星期日)中午

地點: Shocco Springs Conference Center, Talladega, Alabama

報名: 即起至2018年3月4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

劉志雄長老

來自台灣, 美國資訊系統博士, 貝郡基督徒證主教會長老, 基督學房校長。常在北美各地及歐洲、亞洲、澳洲擔任夏令會及福音營講員。

著有《不一樣的人生》、《牽手一世情》、《按照聖經作父母》、《按照聖經教養兒女》、《按照聖經孝敬父母》、《十架七言》、《黑門甘露》、《出人頭地》等書。

譯有《見證火炬—二千年教會的屬靈歷史》、《耶穌真貌》、《按照聖經作長老》及《平等中有差異》。

李洪軍長老

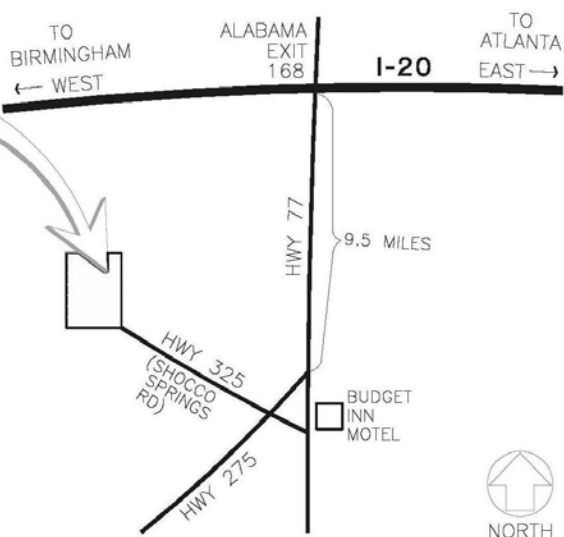
來自中國大陸。1978年考入西北工業大學飛機系, 1987年就讀博士期間赴德國宇航院作交換學者。1989年來美, 在佛羅里達大學(University of Florida)獲機械工程博士學位, 在此期間蒙恩歸主。後就職於西門子公司, 任主管工程師和顧問專家。

從1996年開始多次赴中國大陸建立校園團契和參與教會領袖培訓事工, 先後創建奧蘭多華人福音教會和聖約福音神學院。就讀於改革宗神學院(Reformed Theological Seminary), 獲神學研究碩士學位。現任奧蘭多華人福音教會(PCAA)治理長老, 聖約福音神學院院長。經常在各處講道和舉辦神學培訓。妻子羅彧是大學同班, 育有二女一子。



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23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5項

2018 年 (第 30 屆) 美東南福音營

時間	3/23 (五)	3/24 (六)	3/25 (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		劉志雄長老 美中不足 (信息一) 信息 70' 報告 5'	李洪軍長老 無與倫比的基督： 復活之主 信息 70' 報告 5'
10:30-12:05		李洪軍長老 無與倫比的基督： 救贖之主 詩歌 20' 信息 70' 報告 5'	劉志雄長老 美中不足 (信息三) 詩歌 20' 信息 70' 報告 5'
12: 10- 1:20		午餐	午餐
1:40 – 3:15		特別節目	再 會 ！ 神 祝 福 您 ！
	報到處設於 Bagley Center 5:00 開始報到	3:15 – 5:30 自由活動 校園事工研討交流 (3:20 - 5:20)	
	6:00 – 7:00 晚餐	5:30 – 6:30 晚餐	
	7:30 – 9:05 李洪軍長老 無與倫比的基督： 創造之主 詩歌 20' 信息 70' 報告 5'	7:00 – 8:35 劉志雄長老 美中不足 (信息二) 詩歌 20' 信息 70' 報告 5'	
	9:15 -10:00 分組討論	8:45 -9:30 分組討論	

2018 年（第 30 屆）美東南福音營報名表（ACCC 弟兄姐妹及福音朋友使用）
3 / 23 (Fri) - 3 / 25 (Sun)

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 9-11 歲 12-17 歲 18-25 歲 26-34 歲 35-49 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 \$30，9 歲及以上 \$60**，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 4 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 共兩頁)**，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！
8. 大會實際開支 **9 歲**及以上**\$135**，**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:	3/23-25/18
Church/Organization Name:		City/State:		Phone:
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.

請家長或監護人簽名

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

↑以上證人欄,請一位21歲以上親友(非家長或監護人)填寫並簽名