

Worship Retreat

Winter 2015



Friday, 3rd July- Sunday,
5th July 2015

HOLYground,

1 Wharf Road, Parua Bay

This worship retreat will aim to provide the opportunity to develop as both individuals and musicians through communal worship, discussion, and creative jam times. The hope is to create a space set aside over the weekend, communally reflect on the things that occupy our minds and take the time to intentionally seek God.

Places are limited

Who for? Ages 15+ Musicians have a desire to be involved on the worship team scene. Includes vocalists, instrumentalists, sound people, songwriters etc. If unsure feel free to email!

When: 3pm Friday 3rd July to middayish, Sunday 5th July 2015

Cost: \$40 or a fattened calf, it is really up to you...
(If this is a financial problem, please talk to us!)

How to apply: Complete registration form over page or online

Please send in your application ASAP
As places are very limited we will contact you to confirm

If possible, go online to www.holygroundparuabay.org and
click on **Worship Retreat 2015**
or

complete this form and email to
NEMHOLYground@gmail.com

If age under 16, you will need a parent/guardian to complete the
registration

For direct enquiries about this weekend
Mikayla Jaunay can be contacted at mikijaunay@gmail.com or
0212082433

Jono Croucher at 021 024 76483

Don't forget to bring:

- ↑ Bedding
- ↑ **Instrument and other musical items**
- ↑ Any required medication
- ↑ All baking gladly received ☺

APPLICANT FORM

Name:

Date of birth: **M / F**

Instrument/s, vocals etc (so that we can figure out group logistics etc) :

Why worship? (Tell us about yourself, growth, passions, interests etc):

Address:

Email Address:

Contact phone:

Do you have any of these medical issues? **Special diet?** Take regular medication?

If yes, please give details and we will try our best to accommodate you!

Fee: \$40 per person to cover food and basic costs

☐ PAY IN CASH ON DAY ☐ PAID ONLINE

Online Payment:

Northland Evangelical Movement

38-9002-0221772-01

Please put your first name and **Worship Retreat** as your reference.

Emergency Contact Name (different from provided):

Emergency Contact Number:

To help this camp run smoothly I understand that I need to co-operate and be enthusiastic, ensuring that my words attitudes and behaviours reflect the love of Christ. In registering I am expressing my desire to see Jesus honoured in all areas of camp life and my willingness to abide by camp rules. I accept the authority of those in positions of Leadership. I understand that I may be sent home if I am unable to follow the camp rules or am impacting negatively on others experience.

Signed by applicant:

Date:

(If age under 16)

Parent/guardians Name:

Parent/guardians Contact Numbers:

(If aged under 16) I (the parent/guardian named above) give permission for my child (named above) to attend and participate fully in this camp. Some activities may entail an element of risk, however I understand that steps will be taken to minimise any risks to my child. In the event of illness or injury, I consent to my child receiving such treatment as is deemed appropriate by delegated camp first aid staff
e.g. wound care, paracetamol. If further treatment is required, and I am unable to be contacted via the details listed above, I consent to my child receiving required treatment until I can be contacted. I give permission for any images of myself/my child obtained during camp to be used in promoting the camp through its website/brochures/presentations/promotional videos.

Any other comments or things we should know? Please attach a confidential letter if required.

Signed by parent/guardian:

Date: