

캔디데이트 참가신청서 / CANDIDATE APPLICATION

성명 (NAME): _____ 생년월일 (DOB): _____ 직분: _____

성별 (GENDER): M : F 섬기는 교회 및 그룹 (CHURCH & GROUP AFFILIATION): _____

주소 (ADDRESS): _____

전화번호 (PHONE): _____ E-MAIL: _____

추천인 성함 및 전화번호 (SPONSOR): _____

신체의 부자유 여부 및 특별히 필요한 사항 (SPECIAL NEEDS... dietary, medical, etc.): _____

신체적으로 부자유하여 휠체어를 타거나 거동에 도움이 필요한 캔디데이트의 경우 가족 중 한분이 필히 팀멤버로 올라오셔야 참석이 가능합니다. If a disabled person (needs wheelchair assistance) wants to attend GTD retreat program, the candidate should bring his or her

기도제목 (PRAYER REQUESTS): _____

GTD 프로그램을 갖는 Pinecrest Christian Conference Center는 해발 6000 피트에 위치하기에 심장질환 계통으로 문제가 있는 분들은 참가 전 반드시 담당의사와 상의하시기 바랍니다. (Pinecrest CCC is located 6000 feet above sea level. For people with heart related problems should consult his or her physician before attending the program.)

RELEASE OF LIABILITY & MEDICAL CONSENT

I do hereby remise, release and forever discharge all Grace Tres Dias staff members and employees, acting officially or otherwise, from all actions, causes of actions, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from the use of any facility under the Grace Tres Dias staff supervision. In case of Medical emergency, I understand an effort will be made to contact the emergency contact below. In the event he/she cannot be reached, I hereby give permission to the physician and/or hospital selected by the activity director to give treatment in the manner and to the extent necessary in the opinion of the said physician and/or hospital.

신청인 서명 (CANDIDATE SIGNATURE) _____

날짜 (DATE) _____

비상시 연락할 수 있는 분의 성함 및 전화번호 (EMERGENCY CONTACT & PHONE #) _____

Candidate Fee: \$300.00 (Please make a check Payable to GKC)

For Office Use Only:

Enclosed Amount	Cash / Check #	Date Received	Received by	O/N Parking Registry ()
				