



2016

Don't know what to do during PSLE marking days?

Make your Mark (MM) Camp

Oct 18-19, 10 am -4 pm
St Andrew's Cathedral, North Transept Hall

**MAKE
YOUR
MARK**

Learn to share the Gospel
using an Android app

Invite your friends to a fun party
Oct 22, Saturday
9 am - 12 noon

- 1 crazy games
- 2 yummy snacks
- 3 exciting app
- 4 new friends

Preview the app @ <http://www.cef-singapore.com/RR5/>



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®
Reaching children worldwide®

Open to all upper primary students esp. P6
Organized by CEF Singapore
For more information, call 6276 1201

REGISTRATION FORM – MM Camp

Child's Name: _____ Gender: M / F
School attending: _____ Level: P4 / P5 / P6
Remarks / Allergies (if any): _____
Parent's / Guardian's Name: _____
Church attending: _____

	Parent / Guardian	Child
Email:		
Mobile number:		

Please note that your child needs the use of an Android phone for the training. We will install the Gospel sharing app (The Romans Road to Heaven) in the phone. Please bring along the phone's USB charging cable to facilitate the transfer of the app.

Registration fee: \$50 (before 1 October) or \$60 (on or after 1 October)

Cash (if paying in person) Bank and Cheque No.

Please send completed form(s) together with payment to **Child Evangelism Fellowship (S) Ltd**
164 Bukit Merah Central #04-3647 Singapore 150164

CONSENT FORM

I, _____, parent / guardian of _____ allow my child / ward to attend the MM Camp.

I confirm that my child's / ward's participation in the Camp is entirely voluntary and I accept all risks involved therein.

I understand that CEF Singapore will do their best to ensure the safety and well-being of every child participating in the Camp and she and her representatives shall not be liable for any damage, loss, injury or illness of whatsoever nature and however caused, suffered by my child/ ward as a result, direct or indirectly, of attending the Camp and/or participating in the activities.

I also understand that my child / ward has to follow all instructions given by CEF Singapore and her representatives.

Name of Parent / Guardian: _____ Signature and Date: _____