

2020 年 (第 32 屆) 美東南福音營- 竭誠歡迎您參加!

時間: 2020 年 3 月 27 日 (星期五) 晚至 3 月 29 日 (星期日) 中午

地點: Shocco Springs Conference Center, Talladega, Alabama

報名: 即起至 2020 年 3 月 8 日 (星期日) 止, 詳情請看報名表

您可至 www.segospelcamp.org 下載報名表

講員介紹

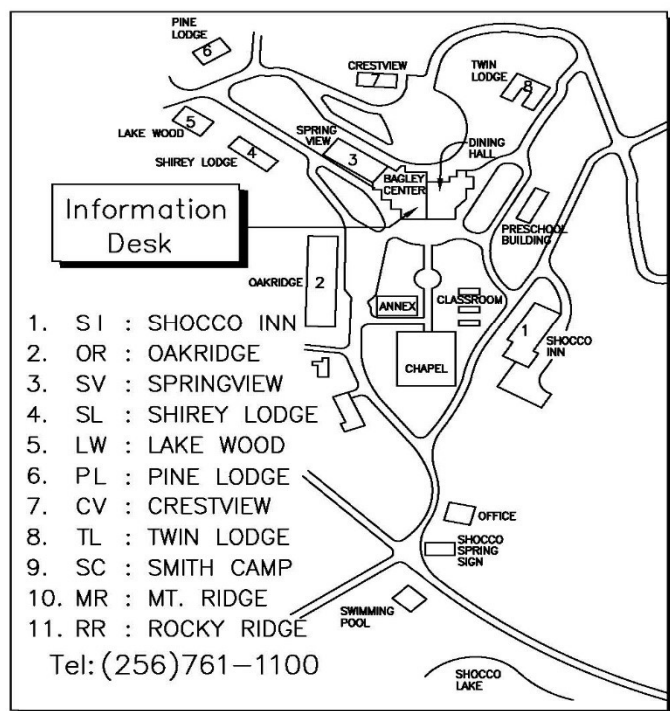
林祥源牧師

林祥源牧師在香港出生及長大。1982 年至 1990 年間, 曾擔任菲律賓聖經神學院講師及靈惠基督教會駐堂牧師。1991 年受美國加州聖地牙哥主恩堂之邀聘 成為該會首位主任牧師。林牧師及其師母李絢華女仕共同在該會負責牧養、教導、訓練及拓展工作至今已有 29 年之時間。林牧師先後畢業於香港海外神學院及美國 Grand Rapids Baptist Seminary. 最後在 Westminster Theological Seminary 獲其教牧學博士學位。除教會工作外, 林牧師亦經常受邀請在美國、加拿大、亞洲地區等主講各特會及夏令會。此外, 林牧師亦同時在北美及歐洲幾間神學院擔任講道學客座教授。

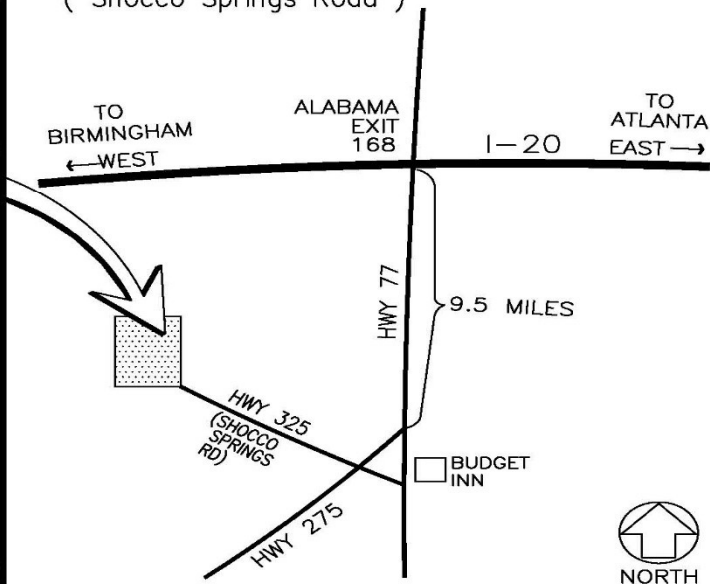
基甸弟兄

基甸弟兄, 真名程松, 笔名“基甸”, 全职傳道人。曾任《海外校園》雜誌主編, 海外校園機構 (OC) 福音部部长 (2011-2019)。四川成都人, 現居美國東部馬里兰州, 家有一妻二子。從 1995 年開始活躍於網絡跟中國知識分子談道, 著有《追尋與回歸》和《穿越網絡的信仰思辨》。2011 年蒙召全职事奉, 負責網絡及文字福音事工, 並在北美、歐洲和亞洲各地福音布道、培訓、擔任講員, 同時帶職在改革宗神學院進修神學。2019 年 11 月加入宣教機構成為散居海歸宣教師。

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)



- 參加者須在 2/29 之前已在美國生活, 如 3/27 前有流感症狀, 請勿赴會, 我們會退還報名費
- 請保留此地圖, 大會不再另發赴會通知! 報到時間為 3 月 27 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 & 6 項
- 每位參加者均需填寫 Waiver & Release Form, 19 歲以下請監護人填寫, 報到時繳交
- 大會信息提供耳機英文同步翻譯 (在大堂音控台登記索取接收器, 歡迎自備耳機)
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2020 年（第 32 屆）美東南福音營

時間	3/27（五）	3/28（六）	3/29（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		林祥源牧師 幸福的人生 （詩 1:1-3） （信息 70' 報告 5'	基甸弟兄 賜我屬天的眼光 （來 11:13-16） 信息 70' 報告 5'
10:30-12:05		基甸弟兄 把義算在我頭上 （羅 4:1-8） 詩歌 20' 信息 70' 報告 5'	林祥源牧師 更新的人生 （啟 3:14-22） 詩歌 20' 信息 70' 報告 5'
12:10- 1:20		午餐	午餐
1:40 - 3:15		亞城劇坊 穿越時空之星	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 基甸弟兄 為我顯出證據來（羅 1:18-23, 3:23-24） 詩歌 20' 信息 70' 報告 5'	7:00 - 8:35 林祥源牧師 有用的人生 （賽 6:1-9） 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	

2020 年（第 32 屆）美東南福音營報名表
3 / 27 (Fri) - 3 / 29 (Sun)

您所屬的教會或查經班：_____

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**

自即日起至**3 月 8 日（星期日）**向各教會或團契負責人報名繳費，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. **每人皆需 Waiver Form; 未滿 19 歲孩子，由父母或監護人填，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. **大堂信息提供耳機英文同步翻譯（在大堂音控台登記索取接收器，歡迎自備耳機）** 同行子女，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 \$140, 3 至 8 歲兒童 \$60**，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**

每一位參加者皆需填 Waiver & Release
19歲以下由監護人代填

Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) or facilitated by SSBCC staff off campus, 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: <u>SE Chinese Gospel Conference</u>	Event Date: 3/27-29/20
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.

By signing below, I hereby acknowledge that I have read the foregoing Waiver & Release and all provisions contained therein. I have had the full opportunity to review the same, I understand that I may consult with my attorney prior to signing, and do hereby voluntarily and knowingly assent to all terms and conditions heretofore stated. **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) 請找一位21歲以上朋友簽名

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

OR

Notary Information (optional)

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The state of _____

The county of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

_____ day of _____, A.D. _____.

_____ My commission expires _____

Notary Public