

Contact Info

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Camp Fees & Registration

Camp Fees: R1300
Registration: 26 June 2015; 14:00

Don't let finances
stand in your way!!

Banking Details:

Name: Echo Jeugontwikkeling
Bank: ABSA
Account type: Cheque
Branch Code: 632 005
Account Number: 4054416249
(Reference: Matlala + Name)

Adventure Fellowship Outreach



26 June – 5 July 2015 ● Short Term Outreach

Nebo, Limpopo Province

ECHO Youth Development & Partner Churches



Arrangements for departure:

Venue

Villieria Dutch Reformed Church, 24 Ave 571, Villieria, Pretoria, RSA
(Roadmaps are available)

Registration

Friday 27 June at 14h00

Departure time

Fri 26 June 15h00

Arrival Back

Sunday 5 July

Where are we going?

A little more about the area:

The outreach is in the Bapedi, Nebo area at the Matlala Hospital about 30 km north of Marble Hall and Groblersdal.

We are reaching out to the villages surrounding Matlala Hospital – Tsimanyane, Mooihoek ect. In this area there have been outreach projects since 1986.

Camping Facilities

We will be making use of the old mission station for accommodation as well as tents etc. for camping.



What to expect!

- Training in Cross-cultural evangelism
- Missionary work (outreach)
- Personal devotion time (Bible Study)
- Praise and Worship sessions + Community prayer

"Many believe diversity is our biggest problem in SA. We believe it could be our greatest blessing - there can be no harmony without diversity!"

Words like Jewish and non-Jewish, religious and irreligious, insider and outsider, uncivilized and uncouth, slave and free, mean nothing. From now on everyone is defined by Christ, everyone is included in Christ. (Col.3:11)

How to Prepare!

Please contact the following persons with regards to any DONATIONS:
Natalie 071 606 4545
Anneke 082 828 1120

***We are in great need of building supplies, clothes and non-perishable food (for the community), food donations for our own team, blankets and Bibles.
YOU CAN ALSO SPONSOR SOMEONE FOR THE OUTREACH!!!**

What to Bring!

- Yourself
- Bible & Pen
- Enough warm clothes (it can get cold)
- Old, comfortable clothes
- Please note that we are guests in this beautiful and traditional community and we should thus dress accordingly, especially those individuals that work very closely with the community. (If you want to be part of the house visitation team, you have to wear the following: Girls: Long skirt /dress and shoulders covered. Guys: long pants.)
- Comfortable shoes for lots of walking
- Personal toiletries and towel
- Torch
- Sleeping bag, pillow, blanket and sheet. (Organise with Anneke if you are camping)
- Money for tuck shop
- Eating utensils
- A hat & sunburn lotion
- Personal medication
- Ministry preparation (contact Natalie)

"Each person is responsible for his / her own lunch / snacks for 26 June 2015"



Registration Form

Camp Fees

With this camp form I include my camp fee of _____
[R1300 by 20 June]

Cash: Electronic Bank Transfer :

Camp fees can be deposited in the following account:

ABSA; Name: Echo Jeugontwikkeling

Account Number: 4054416249; Branch Code: 632 005

(Reference: Matlala + Name)

Proof of payment has to be attached to the camp form – **COMPULSORY!** If you want to go but have a financial problem, please contact us!!

Name & Surname:		Gender:
Street Address:		Postal Address:
Tel. Nr.	E-mail:	
Cell. Nr.	Birthdate:	Age:
Occupation:	ID Nr:	
Church:	Marital Status:	
First Language:	Medical Scheme:	
Allergies (name if any):	Do you take medicine regularly?	
	Specify:	
Name & address of next of kin:		
	Write the names of 3 prayer friends	
	1.	
Relationship	2.	
Tel.: Cell:	3.	
Previous Outreaches:	Name any training you received:	

No Smoking is allowed!	
Do you smoke? Yes / No	
Ministry Choices: Number the ministries in which you would like to take part 1 - most preferred, 2 - second option and 3 - third option (only three choices!)	
House Calls	Child Evangelism
Community Team	Logistic Team
Youth & Sport	Intercession
Winterschool	Technical Team
Journal / photos	

Undertaking

I would like to go on the outreach and hereby agree to keep to the rules as determined by the camp authority (Rom 13:1-5). I understand that the camp authority can ask me to leave if I do not keep to the rules. I hereby subject myself to the discipline of the camp management.

Signature

Date

Indemnity Form

Part A (For parents / guardians of those who are under age)

I, _____
(name & surname in full) parent / guardian of

(name & surname in full)

hereby give my permission for him / her to partake in the missions outreach, and at his / her own risk participate in all the activities inside as well as outside the Matlala Hospital, Tsimanyane and Mooihoek surroundings, Nebo-, Sekhukhuneland- and Groblersdal districts. I accept that the responsible persons would do everything within their ability to take care of my child's safety, and I undertake not to hold the officials responsible, nor any institution, leaders, and / or responsible persons with regard to the missions outreach, if anything should happen to my child during the outreach or thereafter, inside as well as outside the Matlala Hospital, Tsimanyane and Mooihoek surroundings, Nebo-, Sekhukhuneland- and Groblersdal districts, or if he / she should suffer any material losses. I transfer my authority as parent / guardian to the officials, any institution, leaders, and / or responsible persons, even if my signature should be acquired in case of urgent medical attention being required and under the circumstances it was reasonably impossible to obtain my signature.

Signed: _____ Date: _____

Witness: _____

Place: _____

Part B (Every camper has to fill in)

I, _____
(name & surname in full)

attend the missions outreach at my own risk, and participate at my own risk in all activities, inside as well as outside the Matlala Hospital, Tsimanyane and Mooihoek surroundings, Nebo-, Sekhukhuneland- and Groblersdal districts. I declare that I shall not hold accountable any institution, leaders, and / or responsible persons regarding the missions outreach, inside as well as outside the Matlala Hospital, Tsimanyane and Mooihoek surroundings, Nebo-, Sekhukhuneland- and Groblersdal districts, or persons supplying transport, inside as well as outside the Matlala Hospital, Tsimanyane and Mooihoek surroundings, Nebo-, Sekhukhuneland- and Groblersdal districts, if anything should happen to me during the outreach, or thereafter, inside as well as outside the Matlala Hospital, Tsimanyane and Mooihoek surroundings, Nebo-, Sekhukhuneland- and Groblersdal districts, or if I should suffer any damage or losses to my belongings. I transfer my authority to the officials, any institution, leaders, and / or responsible persons, even if my signature should be acquired in case of urgent medical attention being required and under the circumstances it was reasonably impossible to obtain my signature.

Signed: _____

Date: _____ Place: _____

Witness: _____