

# Flourishing

## Registration



### PERSONAL DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Registration Closes: **April 9, 2023.**

### DIETARY REQUIREMENTS

Food Allergies \_\_\_\_\_

I plan to arrive in time for Friday tea. *Please note that all meals will be vegetarian, if you have any food allergies, please indicate.*

### ACCOMMODATION

**Dormitory**     **Chalet**     **Day Visitor**

Preferred Room Mate \_\_\_\_\_

**Dormitory:**    sleeps 10 in 5 bunks, bathroom and toilet

**Chalet:**    sleeps 8 in 4 bunks, self-contained kitchenette, lounge, bathroom & toilet

**Cost:**    Dormitory & Chalets: **\$160 per person** | **\$30 day visitors**

*Efforts will be made to meet your request, however allocation of rooms will be done according to availability.*

*Cost covers accommodation and all meals. Full payment is required with your application. **Check-in from 2pm***

### PAYMENT OPTIONS

1. **Online Registrations:** [www.snswadventist.org/events](http://www.snswadventist.org/events)

2. Cheques made payable to **SDA CHURCH (SNSW CONFERENCE) LTD** enclosed. Amount: \$ \_\_\_\_\_

3. Credit Card    Expiry Date   Charge \$ \_\_\_\_\_00

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**One application** per person. Forward your application, consent form and **full** payment to: SNSW WOMEN'S MINISTRIES, PO BOX 800, Canberra ACT 2601

Phone (02) 6249 6822 | Fax: (02) 62475059 | Email: [KelliThomsonJones@adventist.org.au](mailto:KelliThomsonJones@adventist.org.au)

### WHAT TO BRING

Sleeping bag OR sheets and pillowslip (pillow, blanket & electric blanket provided)

Casual clothes – possible wet &/or cold weather (Jindabyne is cold in May)

Spending Money – for the ABC (Adventist Book Centre) – great range of books, music and other products (TBC).

Towels & toiletries

Walking shoes.

Bible & writing material.

**All black** dress code for social night

Our mission offering will go for:  
**Griffith Carevan**



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## AUTHORISATION FOR EMERGENCY MEDICAL CARE

In the event of accident or illness, I authorise the Event Director to consent, where it is impractical to communicate with me, for me to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by licensed physician and/or surgeon. I also authorise to engage such treatment. I agree to pay appropriate fees for such and any ambulance or other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home by the Director. I understand that such an arrangement may be necessary due to illness, injury or if, in the opinion of the Event Director, non-cooperation of any description of the inability to meet the requirements of the program. I agree to attending the Retreat on this understanding.

I am aware, in signing this document, of the risks associated with being involved in the program, and I am willing to accept this risk and agree to release to the full extent permitted by law, Australasian Conference Association Limited (ANC000 003 930) and its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this event and its activities.

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

## CONSENT

I understand that photos and videos may be taken and used during the program and for other SNSW Conference promotions and events.

I wish to attend and participate in the Women's Retreat 2023 program. I acknowledge that there are risks (injury, loss or damage) involved and choose to participate on this understanding, knowing that all reasonable care will be taken to avoid such.

Signature of Participant: \_\_\_\_\_

Printed name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

## ENQUIRIES

Direct all enquiries to **Wendy Hergenhan** | [wendyhergenhan@adventist.org.au](mailto:wendyhergenhan@adventist.org.au) | 0427 921 386