

GRACE TRES DIAS 1645 W. Valencia Dr., Fullerton, CA 92833

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Gtd# _____ 팀멤버 참가 신청서 (Team Member Application)

성명(in Korean): _____ NAME in English: _____ 성별 (GENDER): M / F

생년월일 (Date of birth): _____ 연금번호 OFFERINGNUMBER): _____

섬기는교회및그룹 (CHURCH & GROUP AFFILIATION): _____

주소 (ADDRESS): _____

전화번호 (PHONE): _____ E-MAIL: _____

다녀온 TD 기수및 테이블 이름 (TD ATTENDED & TABLE NAME) : _____

팀멤버 봉사경험 유무를 Full-time Part-time 으로 구분하여 횟수를 적어 주십시오.

(HAVE YOU SERVED AS A TEAM MEMBER? If yes, how many times?) FULL-TIME() PART-TIME()

그동안 봉사하신 부서에 서클하시고 횟수를 그 아래에 적어주십시오.

(IN WHICH 'CREWS' HAVE YOU SERVED? Please circle the Dept. and put number of serving below)

Rollo room Kitchen Set-up Palanca Decoration Refreshment
종무단이참고로야기위한것이고실제로는다른부서에들어갈수있음을미리알려드립니다.

산장 도착시간과 아산시간을 정확하게 적어 주십시오.

(Please write down the time of Arrival at the retreat center and Leaving)

도착(Arrival) : _____ 아산 (Leaving) : _____

T 셔츠사이즈 (SHIRT SIZE (circle one): Small Medium Large XLarge XXXLarge)

RELEASE OF LIABILITY & MEDICAL CONSENT

I do hereby remise, release and forever discharge all Grace Korean Church 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 Korean Church 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 the 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.

_____ 팀멤버서명(TEAM MEMBER SIGNATURE)

_____ 날짜 (DATE)

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

팀멤버 Fee (Team Member Fee) : \$100 (Please make a check payable to GKC)

For Office Use Only:

Enclosed Amount	Cash / Check #	Date Received	Received by