

## For FCBC members only



DATE OF TRIP (1st Choice) (2nd Choice)		To: To:
,	(Please refer to www.fcbc.org.sg/our-ministries/lovejapan)	
PERSONAL DETAILS (Plea	se complete all fields)	
Name (as in NRIC/Passport)	:	Contact No.:
Passport No.:	Expiry Date:	Contact No.: Sex: Male / Female (Pls circle)
I/C No.:	Date of Birth:	Team:
Email:		
Address:		
Marital Status: Single / Marri	ed Citizenship:	Occupation:
Speaks Japanese / Magic Tricks Skills/ Cooking / Others  Medical Background and Condition		glish (age group) / Dancing / S Please elaborate/ state here
Are you currently on medication/ prescribed drugs?	Yes/ No If "Yes", please elaborate	
Allergies/ Special dietary?	Yes/ No If "Yes", please state	
Had surgery done within the last 2 years?	Yes/ No If "Yes", please elaborate	
IN CASE OF EMERGENCY,	please contact:	
	Relationship:	
TEAM PASTOR / CELL LEA		
Cell Leader's Name & Signature:		
G12 Leader's Name & Signature:	Team Pastor's Name & Signature:	

## NOTE:

- ❖For Registration Form submission, please drop it into the Document Drop-box at Touch Centre/ Gateway Theatre/ FCBC Suntec on weekends.
- For more info & enquiries, please contact Pastor Kang Ying / Esther Seah at 6424 9400 or email: kang.ying@fcbc.org.sg / esther.seah@fcbc.org.sg.
- ❖Total Cost \$1,800 (covers return air tickets, meals and accommodation only).
- ❖Teambuilding sessions are compulsory