

For FCBC members only (Must have completed PE or DT1 classes)



DATE OF TRIP (1st Choice) (2nd Choice)	From: From:	To:
PERSONAL DETAILS (Please Name (as in NRIC/Passport):	• /	Contact No.:
Passport No.:	Expiry Date	:Sex: Male / Female (Pls circle)
I/C No.:	Date of Birth	: Team Pastor:
Email:	Address:	
		Postal Code:
Marital Status: Single / Married	Citizenship:	Occupation:
Equipping status: Completed Po	ost Encounter (PE)/D	Destiny Training (DT)1 : Yes /No (Please circle)
Medical / Children Ministry / Yo Teaching English (age group) / N Knowledge of Bahasa Indonesia Others:	Ianual work (e.g. ho	use construction, digging holes, farming) /
Medical Background and Condition		Please elaborate/state here
Are you currently on medication/prescribed drugs?	Yes/No If "Yes", please elab	orate
Allergies/Special dietary?	Yes/No If "Yes", please state	
Had surgery done within the last 2 years?	Yes/No If "Yes", please elab	orate
IN CASE OF EMERGENCY, p Name: Contact No.:		Relationship:
TEAM PASTOR / CELL LEAI (The member has completed PE/ DT1 and is		
Cell Leader's Name & Signature:		
G12 Leader's Name & Signature:	T	eam 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 and 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: \$1,500 (covers two-way air tickets, all accommodation, food and transport).
- **Must attend 80% of the teambuilding sessions.**