

Streetreach 2017



What?

The aim of this Streetreach is to bless people and communities in the name of Jesus. Following morning worship and teaching, we will be heading out to get involved in a wide range of activities - visiting, practical work, kids & youth work, prayer and much much more!

Who?

Residential option for young people who have completed fourth form and above. Young people aged 11-15 non-residential option.

Where?

The team will be working alongside Glenavy Parish.

Cost?

£25. We are also encouraging participants to fundraise an additional £25 to go towards Streetreach funds. This can be done as a group or with help from the Diocese and is not essential to joining the team. Cheques can be made out to 'Connor Diocese'.

When?

4th-7th July 2017

We will gather together on the evening of Tuesday 4th and Streetreach will end by Friday evening.

Participants will also be required to attend the registration evening before Streetreach commences on Tuesday 9th May in The Hub, Elmwood Avenue, Belfast at 7pm.

If you are interested in taking part in Streetreach this year please fill in the appropriate registration form along with £25 and send this to:
Christina Baillie, Connor Diocese, Church of Ireland House, 61-67 Donegall Street, Belfast, BT1 2QH

Streetreach 2017 Application Form



Name:

Address:

Postcode:

Date of Birth:

Parent/Guardian Full Name:

Emergency Contact Numbers

1. Relationship:

2. Relationship:

Any known allergies/medical conditions/medications:

Please tick your preferred interests:

Kids Work Practical Prayer Detached

Whilst we will try to accomodate preferences please be aware that needs may require us to place you in alternative areas.

What is your preferred t-shirt size: _____

Parents Recommendation

I confirm that the details declared are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

YES NO (please tick as appropriate)

I give permission for my child's email address to be stored and used for communication regarding Streetreach, its activities, as well as related activities which Streetreach seeks to promote awareness of. I understand that if I submit my personal email address that I will receive copies of all email circulations.

YES NO (please tick as appropriate)

Please include a valid email address so we can contact you with relevant info:

Photographs will be taken for publicity purposes.

Should you wish that your child/ward's photograph NOT be taken, please tick here:

Parent/Guardian Signature:

Date:

Church Minister's Recommendation

In order to take part in Streetreach the following MUST be completed by your minister ONLY

I approve of _____ taking part in Streetreach

Signed: _____ Print:

Minister of _____ church.

Please provide the names and emails of 2 mature Christian people who will commit to praying for you in the lead-up to, and during Streetreach. By providing their email, they agree to be contacted with prayer updates during Streetreach.

1. Email:

2. Email: