The details of the event are as follows:



This is to inform you of the following event organized by Living Sanctuary Brethren Church.

LSBC FAMILY CAMP 2025

	Date: 18 June (Wed) to 21 June (Sat) 2025				
Venue: Moxy Putrajaya & Le Meridien Putrajaya					
	Camp Fee for Youth:	Moxy Putrajaya: S\$410 (for payment on 01 – 09 Feb 2025) Le Meridien Putrajaya: S\$480 (for payment on 01 – 09 Feb 2025)			

Le Meridien Putrajaya: \$\$500 (for payment on 10 Feb – 02 Mar 2025)

Camp fees include hotel accommodation (twin-sharing) and meals (3x breakfast, 2x lunch, 2x dinner). The main camp programme will take place within the Hotel. Free time is also given for campers to enjoy food and recreation outside of the Hotel premises at their own expense^.

Moxy Putrajaya: S\$430 (for payment on 10 Feb – 02 Mar 2025)

If travelling by LSBC-chartered coach, please note:

Departure for Moxy Putrajaya and Le Meridien Putrajaya on 18 June:

Assemble at 8.15 am at Living Sanctuary Brethren Church (LSBC)

(Lunch at designated rest-stop will be at own expense)

Arrival in Singapore on 21 June:

Coaches will leave Moxy Putrajaya and Le Meridien Putrajaya from 12.45pm (Estimated time of arrival at LSBC: 7.30pm)

All participants between 12 to 18 years old, inclusive, will need to submit a Parental Consent Form Camp registration must be made online at http://www.lsbc.org.sg/familycamp and is complete only upon full payment and submission of this Parental Consent Form.

^For further enquiries regarding this camp, kindly contact Simon Chua at familycamp@lsbc.org.sg

of further enquiries regarding to	ins camp, kindly contact simon chida at <u>lamily camper.</u>	isbc.org.sg
PARENTAL CONSENT FORM		
l, participation in LSBC Family C	*parent/guardian of Camp 2025.	consent to his/her
_	ctuary Brethren Church (LSBC) recognise that onable steps to provide for the safety and well-	
accident not caused by the Putrajaya, and Le Meridien Pu	BC liable for any personal injuries that my child, wilful default of LSBC. In connection therew utrajaya against any actions, claims, costs, loss of the accident and the personal injuries.	vith I shall indemnify LSBC, Moxy
I hereby authorise LSBC, in the treatment to him/her at my constitution.	ne event of an emergency affecting my child/waters.	ard, to arrange for medical
Signature of *Parent/ Guardian: _	Date:	
Name of *Parent/Guardian:	Contact No:	

^{*} Delete as appropriate. Information is accurate at time of printing.