



SEVENTH-DAY ADVENTIST CHURCH

Operated by Seventh-Day Adventist Corporation (M) Bhd 248857-D

LANGUAGE CAMP FORM (6 MONTHS)

Subsidy Requested

Date: From to
 Organizer: Language: Church
 Venue:

Speaker(s) details (Service request & Speaker Clearance)

Service Request if speaker is employed by SDA Organization, please state either church name or department.

Name:
 Name of Church: OR Department:
 Employer's Name: Email Contact:

Speaker Clearance if speaker is self supporting or lay member:

Name(s):
 Membership: Mission/Conference:
 Pastor's Name: Email Contact:

Financial Subsidy of RM10,000.00 will be given prior to camp.

Needed By When: Contact Person:
 Bank Account No: Account Name:

* Please attach estimated income & expenses for the camp. (i.e. expected registration fees, donations & speaker's expenses (travel & accommodation), food expenses, venue expenses, accommodation expenses)

Pastors Attending

Name	Church	Payment

Equipment Loan

I hereby guarantee that in the event that the items borrowed are not returned in good condition, it will be replaced.

ORGANIZER'S GUARANTEE

Date to be taken:
 Date to be returned:

REQUIRED EQUIPMENT:

- Video Camera & Tripod
- Keyboard
- Walkie Talkie
- LCD Projector (up to 3)

Request Received: