

# SCF @ DOULOS?! Jom let's go!!! =)

*Calling all secondary school students...*

*Scripture Union is organizing a day trip to Doulos.*

*It is going to be a wonderful time of learning and fellowshiping.*

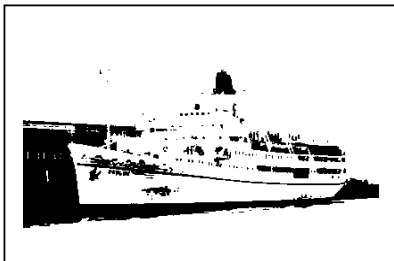
*Check out the details below :*

Date : 8 July 2006, Saturday  
Meeting-place : SU Office, 386 Jalan 5/59 46000 Petaling Jaya (Website : [www.su.org.my](http://www.su.org.my))  
Departure Time: 8.30am sharp (leaving for Port Klang)  
Return Time : Approx 2.00pm (arriving at SUFES office)  
Cost : RM 15.00 per person only (Chartered bus, entrance fee & insurance)  
Program : Songs, games, presentation by Doulos Team & free time on ship...

## IMPORTANT NOTE :

1. Lunch is not provided. Please bring some pocket money as light snacks (and books & gifts) are available for sale on board the ship.
2. You may register individually. Better still come as a gang from your School Christian Fellowship! Send completed form and payment to the SU Office. Make monies payable to SCRIPTURE UNION.
3. If you do not need transport, you pay RM5.00 only. Just meet us at the ship at 9:45am sharp.

## DOULOS? WHAT'S THAT?



The *MV Doulos* is a ship, a floating bookshop... she is recognized in the Guinness Book of World Records as the world's oldest active ocean-going passenger ship (since 1914!).

Over 18 million visitors have been welcomed on board... With stops in over 500 ports of call, this unique ship has visited more than 100 countries. And she will be docking in Port Klang this July...

## PARTICIPANT'S DETAILS :

Name : \_\_\_\_\_ IC No : \_\_\_\_\_  
Gender : [ ] Male [ ] Female Age : \_\_\_\_\_  
Email : \_\_\_\_\_ Tel : \_\_\_\_\_  
School : \_\_\_\_\_

## PARENT/GUARDIAN CONSENT FORM :

I hereby allow my son/daughter/ward to join and participate fully in this event and its activities. I am aware that this event is organized by Scripture Union, a Christian organization. I understand that every precaution will be taken to ensure safety, and I will not hold Scripture Union and/or their staff and volunteers responsible for any mishap. I hereby give permission for appropriate actions to be taken should medical emergencies occur. In case of emergency, I may be contacted at: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name : \_\_\_\_\_ IC No : \_\_\_\_\_  
Relationship to Participant: [ ] Father [ ] Mother Other : \_\_\_\_\_