



invites you to...



2nd - 6th July 2010 | King's Hall | Belfast | Northern Ireland.



Camp out \ Barbecue \ Make really good friends \ Explore the Word of God \ Worship \ Seminars & talks \ 5000 people \ Christian living in a modern world \ Top bands \ Disco's into the night \ Loads of activities \ And of course.....the craic with the Cork group!

Here's the Story:

The theme for this years Summer Madness is *Dare to Share*. Main speakers include Reggie Dabbs (seriously cool & listen-to-able!) and Rachel Gardiner. Bands include some local NI talent e.g. The Rend Collective and some acts from the US and UK.....

[age: 14 years or over on the 2nd July 2010]

SUMMER MADNESS 2010 INFO SHEET | PRINT THIS & BOOKING FORM ON 2 SEPARATE A4 SHEETS

The Story continued!...

There's a whole bunch of interactive workshops to keep you busy (previous years included drumming, break-dancing, video-making, arty stuff, etc.). And there are loads of seminars giving you the freedom of learning, debating, and exploring all kinds of topics. Of course, the mainstage teaching and worship which SM is renowned for will still be a huge part of the experience. Check out the SM website for a video promo of SM10.

The Cork group will camp together, eat together, chat together, laugh together and probably go a little crazy together! Ask anyone who's been before and they'll tell you about it! Here's what to do:

DO THIS: 1) Complete BOTH parts of Booking Form.

2) Post form + fee **no later** than 11th June 2010 to **Jennifer Kingston, Kilmoylerane, Ballinascarthy, Clonakilty, Co.Cork.**

PAY THIS: Fee of €150 inc. transport, festival entrance fee, breakfast & dinner. (Some pocket money required.) Please make cheques/postal orders payable to: **Cork Diocesan Youth Council (CDYC)**. (Financial assistance is available if required. Contact Jennifer)

REMEMBER THIS: You'll need a tent (or a space in someone else's, SEE **BOOKING FORM**). You'll also need a sleeping bag, mat & other essentials. A full info-sheet with list of stuff-to-bring will be sent out to campers once fully registered and fully paid-up.

ANY QUERIES? Contact Jennifer Kingston: 0863236641 or jennifer@cdyc.ie

Further info: <http://www.summermadness.co.uk>

CDYC is a committee of the Diocesan Synod and exists to encourage, facilitate and support the growth of youth ministry within the Church of Ireland Dioceses of Cork, Cloyne and Ross. w: www.cdyc.ie e: info@cdyc.ie



PART 1: PARTICIPANT INFO

Name:	first name	surname
	DD / MM / YYYY	
Date Of Birth:	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Address:		
Home Phone Number:		
Participant's Mobile:		
Participant's E-mail:		
Special Dietary/ Medical Requirements		

How did you hear about this event?		
Parish/Area		
Can you bring a tent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many does it sleep? <input type="text"/>
Pick-up/Drop-off PLEASE TICK	Clonakilty <input type="checkbox"/>	Bandon <input type="checkbox"/>
	Bandon Rd Roundabout <input type="checkbox"/>	
	Mitchelstown <input type="checkbox"/>	Red Cow Roundabout, Dublin <input type="checkbox"/>

Post form + fee of €150 **no later** than 11th June 2010 to **Jennifer Kingston, Kilmoylerane, Ballinascarthy, Clonakilty, Co. Cork.** Please make cheques/postal orders payable to: **Cork Diocesan Youth Council (CDYC).** For more info see separate info sheet.

CDYC - SUMMER MADNESS 2010 BOOKING FORM | COMPLETE BOTH PARTS

PART 2: PARENTAL CONSENT

TO BE COMPLETED BY PARENT/GUARDIAN OF PARTICIPANT

Name of Parent/Guardian	first name	surname
Relationship to Participant		
Address (If different from Participant's)		
Email Address of P/G		
Home phone No. of P/G		
Emergency Contact No.		
Name of participant's GP		
Phone Number of GP		

I give permission for my child to go to *Summer Madness 2010* at King's Hall, Belfast with *CDYC*, from the 2nd to the 6th July 2010, and to participate in all the activities.

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated First-Aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital, if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I give permission for my son/daughter's photograph to be used in future publicity, whether printed, by email or on the website of CDYC. (If YES, tick here)

I give permission for my son/daughter to be contacted via mobile phone/text in relation to CDYC events. (If YES, tick here)

I give my permission for my son/daughter to be contacted via email in relation to CDYC events. (If YES, tick here)

If YOU would **NOT** like to receive information on future events, tick here.

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	<input type="text"/>	DATE:	<input type="text"/>
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(Parent/Guardian of named Participant.)