

## Registration Form

Please complete, detach and return with  
payment to  
TREVOR GEER  
261 Koroit Street  
WARRNAMBOOL 3280  
by 1 March 2019  
Or email:  
[tandigeer@aussiebroadband.com.au](mailto:tandigeer@aussiebroadband.com.au)

Cheques payable to: **LMV**

Direct Deposit:

Acct Name: **Lutheran Men of Victoria**

BSB: **063 514**

Acct # **10038241**

Reference: **<your surname>**

Any enquires to:

Trevor Geer - 0459 727 053

Ross Roll - 0418 328 527

## Your Details:

NAME: .....

ADDRESS: .....

PHONE: .....

EMAIL: .....

Please complete the reverse side as  
well.

## Things to bring:

### Please bring the following items:

- Pillow, Sleeping bag/doona, sheets and towel
- Walking shoes and warm clothes
- Personal Toiletries
- Bible, pen and paper or a journal
- Water bottle and torch

### BIBLE STUDY

Dr John Kleinig is a retired seminary lecturer that will guide us through the later chapters of Ephesians. Over three study sessions

### GUEST SPEAKER

Pastor Levi Graham is our new Spiritual advisor and he will tell us about his background and spiritual Journey.

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# LMV 2019

## Retreat

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15-17<sup>th</sup> March 2019

Bible Study Leader -  
Dr John Kleinig



# LMV Retreat 2019 Programme

**Tandara Lutheran Camp**  
**15-17th March**

### Friday Evening:

6:30pm Evening Meal  
7:30pm Entertainment  
9:15pm Closing Devotion  
(Super to follow)

### Saturday

8:00am Devotion & Breakfast  
9:00am Bible Study  
10:30 - 11:00 Morning tea  
11:00 - 12:30 Bible Study  
12:30 Lunch  
1:30pm LMV AGM  
(Free time to follow)  
6:00pm Pre-dinner drinks  
6:30pm Dinner & Speaker  
8:45pm Closing Devotion  
(Supper to follow)

### Sunday

8:00am Breakfast  
9:00am Holy Communion  
Service  
10:15am Morning Tea  
10:45 - 12:00 Bible Study  
12:00 Lunch & departures

Bringing a Caravan: YES NO

Full-time \$140 YES

Saturday only: \$65 YES

### **We are now required to obtain the following;**

#### MEDICAL DETAILS:

The information requested below is to assist in case of illness or accident. **Any personal information will be destroyed at the end of the camp.**

A) Please notify us if you have any medical conditions that may affect you during the camp

weekend.....

B) Please state any medication and dosage that you are taking .....

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C) Medicare # .....

D) Ambulance # .....

E) Name of Doctor & Clinic.....

F) Dietary Needs: .....

#### CONSENT & SIGNATURE

I understand that all reasonable care will be taken by LMV leaders and I accept full responsibility for any injury or illness in the case of accident or any other untoward incident. I give the leaders authority to take any action deemed necessary for my welfare, including seeking medical attention on my behalf and calling for an ambulance. I recognise that I will bear the cost of any such treatment. I also agree to conduct myself in a Christian manner and understand that my involvement is conditional upon complying with such rules as set out by the leaders and Tandara Lutheran Camp.

SIGNATURE.....