



HAPPENING MINISTRIES

Anglican Diocese of the Highveld



In today's world can Christianity penetrate the many areas of life? Can it transform the changing world and keep up with the times? Happening Ministries thinks so. We purpose no new type of Spirituality, but provides a method through which ones Spirituality may be developed, lived and shared in fellowship with Christians.

Not a retreat or camp... Happening can only be experienced once in a lifetime; therefore it is not suitable for a retreat or camp. During the three days the teachings of Christ are discussed in a feeling of joy and happiness. Happening is an encounter with Christ. That sounds simple, but is it really? A real meeting with Christ! The power, beauty and joy of being with Him!!! Interested??? Then join us ☺

During the three days, the 'Happeners' (those attending) listen to talks given by young people and clergy. The young people who have organised the weekend have spent weeks in careful prayer and planning to the ensure success of the weekend. *****Please note that no cell phones, iPods/MP3 players, iPad/tablets or watches are allowed on the weekend. In case of an emergency parents/guardians may contact Geoffrey or Sonja (details above)*****

BOOKING DETAILS AND VENUE

An application form along with full payment should be sent to **MJ** (details below). Please contact before payment is made to ensure there is space available on the weekend. Partial sponsorship may be available; however this is limited and needs to be applied for (**contact MJ, Sonja or Geoffrey**). **Please note all 'Happeners' must be sixteen (16) years or older!**

MJ van Loggerenberg (Payments) 083 415 0081 (cell) mich-jon@iafrica.com (e-mail)

Cost: R800-00 (all included)
Account Name: Diocese of the Highveld Trust Account
Account Number: 020900279
Branch: Standard Bank, Brakpan
(Cheques payable to Diocese of the Highveld)
Reference: Happening #___ (number) and your Name

Venue: Lumko Retreat Centre, 47 Dickinson Road, Northmead, Benoni

Happening begins on the **Friday night at 18:30 for 19:00. (Please ensure that you have supper before arriving)** and ends on the **Sunday afternoon** at about **17:00, after a Eucharist at 15:00 that families are welcome to join.**

CONTACT DETAILS

Email:
HappeningVocare.bookings@gmail.com
Lay Director:
Geoffrey Barton 083 420 2583
gabarton1@gmail.com
Chaplain
Sonja van Loggerenberg 079 895 8631
ms.sonja89@gmail.com

HAPPENINGS 2019

- + Weekend 1: 3rd – 5th April
- + Weekend 2: 9th – 11th October

Please remember to bring comfortable clothes and your toiletries with.



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*****Application/Identity Form 2020*****



Full Name:	
Preferred Name:	
Address:	
Date of Birth	
Phone Number: <i>(Happener)</i>	
Gender:	Male / Female (please circle)
E-mail Address:	
Parent/Guardian Name:	
Parent/Guardian Contact Number:	
Parish Church:	
Signature of Parish Priest:	
I will be attending:	Weekend 1 <input type="checkbox"/> / Weekend 2 <input type="checkbox"/> <i>(please tick appropriate box)</i>

*****THIS INDEMNITY FORM MUST BE COMPLETED BY ALL APPLICANTS, PARENT/GAURDIAN TO SIGN IF APPLICANT IS YOUNGER THAN 18******

I, _____ the legal parent/guardian of _____ (Happener) fully understand that he/she will be at Lumko retreat centre for the whole weekend (Friday 19:00 to Sunday 18:00), and the above event shall be undertaken at my son's/daughter's/own risk and I undertake to indemnify, hold harmless and absolve Lumko Retreat Centre, the youth leaders, 'Happening Ministries 'as well as the Anglican Diocese of the Highveld against and from any or all claims whatsoever that may arise in connection with any loss of or damage to the property or injury to the person of myself and/or my child mentioned above in the course of such activities, in the knowledge that the leaders will never-the-less take all reasonable precautions for the safety and welfare of all those present on the weekend.

Please be advised that my child/I have the following allergies/medical conditions or disability

_____ and require the following medication/treatment (please given detailed description of dosage or procedure) _____.

Dietary requirements (if any): _____

In case of emergency, please contact: _____ (Tel) _____

Medical Aid Scheme: _____ Medical Aid Number: _____

Parent/Guardian/Applicant Signature: _____ Date: _____