



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 provide a method through which your Spirituality may be developed, lived and shared in fellowship with other Christians.

Not a retreat or camp... You can only Happen once in your lifetime; therefore it is not suitable for a retreat or camp. During the three days, the teachings of Jesus are presented in a feeling of joy and happiness. At its core, Happening is an encounter with Christ. That sounds simple, but is it really? A real meeting with Jesus!?! 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 help ensure the 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 McMillan Chirambaguwa or Nicole Hendwood (details given above)*****

BOOKING DETAILS AND VENUE

An application form along with full payment should be sent to :

NomaSwazi Madonsela (nomaswazik.madonsela@gmail.com)

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.

Please note all 'Happeners' must be sixteen (16) years or older!

Cost: R1700-00 (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 15:30 that families are welcome to join.**

****Please remember to bring comfortable clothes and your toiletries with.****

CONTACT DETAILS

Email:
HappeningVocare.bookings@gmail.com
Lay Directors:
McMillan Chirambaguwa (081 332 4433)
Nicole Henwood (072 184 2137)

HAPPENINGS 2026

Weekend 1:
#91: 10th to 12th April 2026
Weekend 2:
#92: 17th to 19th July 2026
Weekend 3:
#93: 9th to 11th October 2026



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Anglican Diocese of the Highveld

*****Application/Indemnity Form 2026*****

Full Name:	
Preferred Name:	
Weekend Date:	
Address:	
Date of Birth & Age	DOB: _____ Age: _____
Phone Number: (Happener/Applicant)	
Gender:	
E-mail Address:	
Parent/Guardian/ Contact Person Name:	
Parent/Guardian/Contact Person Contact Number:	
Parish Church:	
Signature of Parish Priest: (if applicable)	

THIS INDEMNITY FORM MUST BE COMPLETED BY APPLICANT or

PARENT/GUARDIAN OF APPLICANT IF APPLICANT IS YOUNGER THAN 18

I, _____ the legal parent/guardian of _____ (Happener) fully understand that I/he/she will be at Lumko retreat centre for the whole weekend (Friday 19:00 to Sunday 17:00), and the above event shall be attended at my/my son's/daughter's own risk and I undertake to absolve, hold harmless 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 during the course of such activities (held throughout the event weekend), 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 give 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: _____