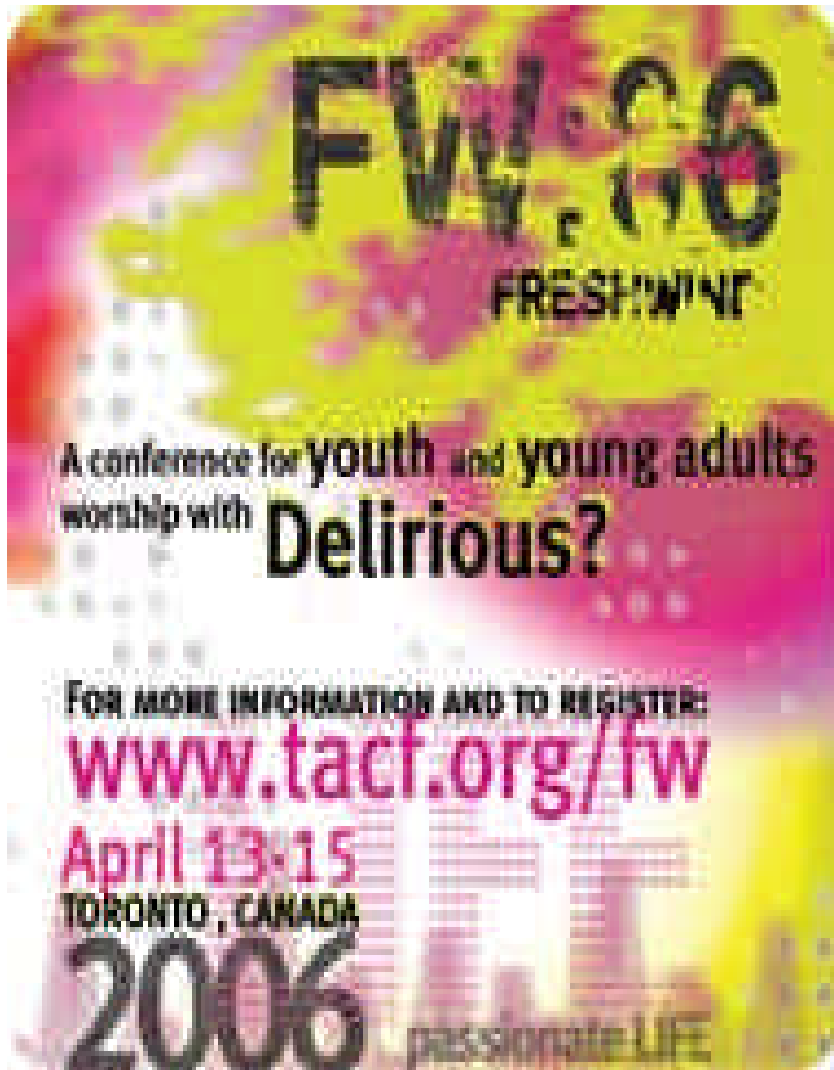


FRESHWIND:06



We will be meeting at the church (6200 Wales Rd. NW) at **4:00 a.m.** The bus will be departing **promptly at 4:30 a.m.** on **Thursday, April 13.**

WITHOUT DELIRIOUS CONCERT:

Returning **Saturday the 15th** to the church on Wales Road between **1- 1:30 a.m.** Cost: **\$75.00** covers registration, accommodations, and breakfast for 3 days. All lunches and dinners on your own. Pack a lunch for Thursday's bus ride up.

WITH DELIRIOUS CONCERT:

Returning **Sunday the 16th** to the church on Wales Rd. at **3:00 p.m.** Cost: **\$88.00** covers registration, concert, accommodations, and breakfast for 3 days. All lunches and dinners on your own. Pack a lunch for Thursday's bus ride up.

What to bring:

- sleeping bag & pillow, -casual wear, personal toiletries,
- Bible -pen & journal
- spending money for meals or bring your own meals
- ID documents (passport or birth certificate and driver's license required, not optional.
- permission slip signed

****At this time US citizens are being encouraged by immigration to bring their passports with them, however your birth certificate with one piece of government issued id (drivers license, health card) will be sufficient.****

Frontline Ministries International P.O. Box 581 Massillon, OH 44646
(330)-837-4313, (330)-837-8399 www.frontline-ministries.org

This portion is required for all attendees. Parent must sign if under 18. Please return with money by April 2, 2006.

I, _____ grant permission for myself/child to attend the Freshwind:06 conference in Toronto Canada, April 13-15, 2006. Frontline Ministries International has permission to treat me/my child in case of accident or injury. I will not hold FMI responsible/liable or any participants for said accident or injury.

Medication: _____

Allergies: _____

Other pertinent medical information: _____

Parent Signature: _____ Date: _____

Attendee Signature: _____ Date: _____

Attendee Name: _____

Address: _____

Email: _____

Phone: _____

EMERGENCY CONTACT 1

Name: _____ Phone: _____

EMERGENCY CONTACT 2

Name: _____ Phone: _____