 Frontline Ministries International




**COST**  
Early Registration \$45.00  
After Sept. 7th \$55.00  
Married Couples \$85.00  
After Sept. 7th \$95.00

**Retreat Coordinators**  
Darlene Timmer  
Michelle Oliver  
Troy & Rachel Larson

**Money & Registration**

Nikki Sommers  
330-837-8399  
nsommers@frontline-ministries.org

*I have been crucified with Christ; and it is no longer I who live, but Christ lives in me; and the life which I now live in the flesh I live by faith in the Son of God, who loved me and gave Himself up for me.* Apostle Paul - Letter to the Galatians 2:21

 Frontline Ministries International P.O. Box 581 Massillon, OH 44648  
www.frontline-ministries.org 330-837-8399  
info@frontline-ministries.org



September  
19-21

# Xchange

Fall Retreat

FMI Fall Retreat 2008 Xchange Receipt



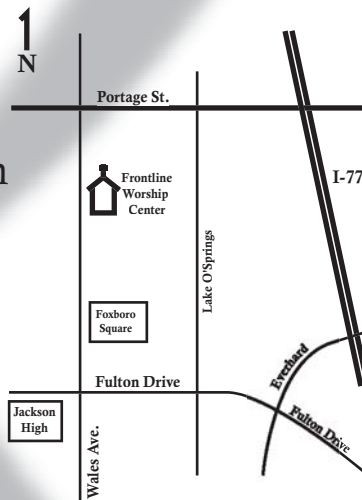


**Fall Retreat September 19-21, 2008**  
**Frontline Ministries International**

**CAMP BERLIN**

NEO Church of God Campgrounds  
 16278 Shilling Road  
 Berlin Center, OH 44401

**Departure:** Friday, Sept. 19 @ 5:30 pm  
*From Frontline Worship Center*  
 6200 Wales Ave Jackson TWP  
**Return:** Sunday, Sept. 21 @ 3:30 pm



Emergency Contacts During  
 330-904-0820  
 330-524-4046



**ITEMS TO BRING**

sleeping bag, pillow, casual wear, outdoor wear, personal toiletries,  
 a Bible, pen, and journal.



**Fall Retreat 2008 Xchange Permission Slip**

This portion is required for ALL attendees.  
 Parent must sign if **under 18**.

I, \_\_\_\_\_ grant permission for myself/my child, to attend the FMI Fall Retreat on September 19-21 at Camp Berlin. *Frontline Ministries International* (FMI) has permission to treat me/my child in case of accident or injury. I will not hold FMI responsible/liable or any retreat participants for said accident or injury.

Attendee Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_

Phone \_\_\_\_\_

Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Other pertinent medical information \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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