

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

I, _____ grant permission for myself/my
child, to attend the FMI winter retreat on February 8,9, 10th at Camp Luz.
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 retreat
participants for said accident or injury.

Parent/Guardian/self Name:

Parent/Guardian/self Signature:

Date: _____



Location

Camp Luz

152 Kidron Road

Orrville, OH 44667

Bus departing: Friday, Feb. 8, 2008 @ 5:30 p.m.

**From Frontline Worship Center
6200 Wales Road Jackson Twp**

Bus returning: Sunday, Feb.10, 2008 @ 3:00 p.m.

Cost

Early Registration \$45

After January 27th \$55

Married couples \$70

**Retreat Coordinators
Lawrence & Cynthia Liptak
330-671-7590**

Registration

Please turn registration slip and fee to retreat coordinators

Emergency contacts during retreat

330-704-9835 330-904-0820

What should you bring?

**Bring a sleeping bag and pillow, casual
& outdoor clothing, personal toiletries,
a Bible, pen, and journal**

KAIROS RETREAT REGISTRATION

Please also fill out reverse side.

Attendee Name: _____

Phone: _____

Address: _____

Email: _____

Emergency Contact 1: _____

Relationship:(mom, dad, grandma, etc.) _____

Phone: _____

Emergency Contact 2: _____

Relationship:(mom,dad, grandma, etc) _____

Phone: _____

Medication: _____

Allergies: _____

Other pertinent medical info: _____

