

“Adventures with the King” Permission Slip

Parent/Legal gaurdian signature required. Child/children must be 8 - 12 years old.

I, _____
(Parent/ Legal Guardian name)

grant permission for my child/children: (list name(s) of child/children:

to participate and attend “Adventures with the King” kids weekend at Frontline Worship Center/Frontline Ministries International on Friday July 13-14, 2007. Frontline Worship Center/Frontline Ministries International has permission to treat my child/children in case of accident or injury. I will not hold Frontline Worship Center/Frontline Ministries International responsible/ liable for said accident or injury.

Parent/Legal Guardian Signature

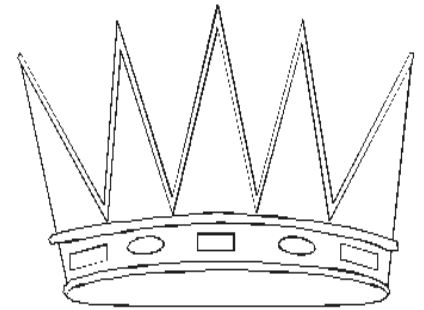
Relationship to child/children (mother, father, grandmother, uncle etc.)

Date: _____

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Frontline Worship Center
Frontline Ministries International
6200 Wales Ave.
Massillon, OH 44646
330-837-8399
Pastor Bill and
Pastor Mary Pat Gokee

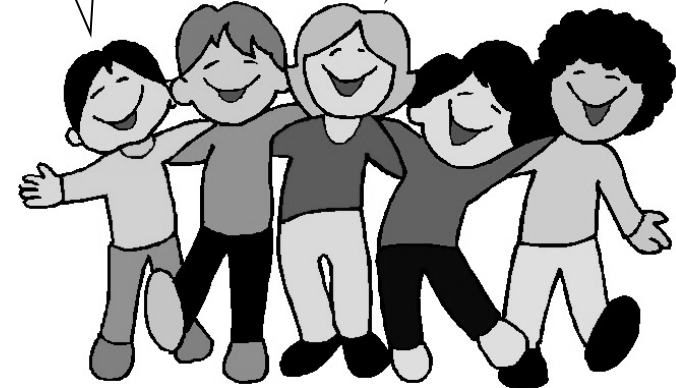


“Adventures with the King” Kids weekend

It's a kids weekend sleep-over!!

Come have some summer fun!!

Friday, July 13 & Saturday, July 14th.



“Adventures with the King” Registration Slip

What: “Adventures with the King” kids weekend!! (sleepover!!)

When: Starting at 6:00 p.m. on Friday, July 13 ending Saturday, July 14 at 4:00 p.m.

Where: At Frontline Worship Center.

Cost: IT'S FREE!!

Transportation will be provided. We will let you know what time to be ready for pick up.

Come join us for a fun time of adventures, games, food, and JESUS!!

Are ready to take adventures with the KING?!

What do I need to bring?

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If you have these, you can bring:

- extra play clothes for Saturday
- clothes to sleep in
- Blanket or sleeping bag
- __pillow
- toothbrush
- wash cloth or small towel

If you don't have some of these things you can talk to Ashley or Cynthia and they'll be able to help you. Their phone number is 330-837-8399.

We are going to have so much fun!



Name(s), Age(s), Birthdate(s) of Child/Children: **MUST be 8-12 years old.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Address _____

Phone numbers:

Home: _____

Cell: _____

Other: _____

Email _____

Medication: _____

Allergies: _____

Other important medical information: _____

Emergency Contacts:

1. Name: _____
- Phone#: _____
2. Name: _____
- Phone#: _____

Please fill out other side

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AND PERMISSION
SLIP!**