

# Purity Retreat

**Mail form and payment to:**

MS Assemblies of God  
Women's Ministries Dept.  
PO Box 720309  
Byram, MS 39272

## October 20-22, 2017

**CONTACT INFORMATION—PLEASE PRINT**

Student's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Age \_\_\_\_\_ Know Allergies/ Medical Conditions \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT**

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

Emergency Contact Number \_\_\_\_\_

**REGISTRATION**

Registration.....\$100

**BY SEPTEMBER 1<sup>ST</sup>**

**Make checks payable to:**

Girl's Ministries

By submitting this form, I agree that the Mississippi District Girl's Ministries, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to my child and/or anyone claiming on their behalf, and I further agree to hold harmless, indemnify and defend the Mississippi District Girl's Ministries, its officers, agents, employees, trustees and volunteers for and from any and all damage during the time of my child's attendance and participation at Mississippi District Girl's Ministries, whether such injury, illness, or damage occurs on or off the event site. I certify that photographs or video of my child participating in the Mississippi District Girl's Ministries programs may be reproduced and utilized for promotional materials for the event. I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Minor

REGISTRATION IS NON-REFUNDABLE BUT IS TRANSFERABLE.