

A photograph of a classroom. In the foreground, the back of a student's head with a ponytail is visible on the left. In the center, a student's hand is raised high, wearing a ring. In the background, a teacher's arm is extended, pointing a pencil at a green chalkboard. The lighting is warm and focused on the hand-raising action.

# STRENGTH FOR THE TASK

AUGUST 20 & 21, 2010

FOR MORE INFORMATION - [WWW.CAMPUSMINISTRYNETWORK.COM](http://WWW.CAMPUSMINISTRYNETWORK.COM)

# STRENGTH FOR THE TASK

2010

FRIDAY, AUGUST 20 7PM - 10PM  
SATURDAY, AUGUST 21 9AM - 3PM

FIRST CHURCH OF THE NAZARENE 1400 E. KELLOGG  
AREA 51 YOUTH BUILDING (SEE WEB FOR DIRECTIONS)

EARLY REGISTRATION  
BY AUGUST 16<sup>TH</sup> \$25

LATE REGISTRATION  
AFTER AUG. 16<sup>TH</sup> & AT DOOR \$35

MAKE CHECKS PAYABLE AND  
RETURN REGISTRATION TO:

CAMPUS MINISTRY NETWORK

12703 SW 90TH TERRACE, ANDOVER KS. 67002

316.733.4444 CAMPUS7@MAC.COM

YOUTH WORKERS FREE • LIMITED NUMBER OF STUDENT SCHOLARSHIPS AVAILABLE (CONTACT ABOVE)

REGISTER ONLINE AT: [CAMPUSMINISTRYNETWORK.COM](http://CAMPUSMINISTRYNETWORK.COM)

NAME: .....

EMAIL: .....

STREET: ..... CITY: .....

STATE: ..... ZIP: ..... PHONE: .....

CHURCH: .....

I AM: MALE  FEMALE  STUDENT  YOUTH WORKER

AGE ..... GRADE (FALL OF 2010) ..... SCHOOL: .....

## MEDICAL RELEASE

PARENT/GUARDIAN: .....

EMERGENCY PHONE: .....

INSURANCE COMPANY: ..... POLICY NO.: .....

IMPORTANT MEDICAL INFO: .....

I understand that in the event medical attention is needed, every attempt will be made to immediately contact the person(s) listed on this form. In the event that I cannot be reached during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by an agent of Campus Ministry Network, Inc. (sponsor of Strength for the Task) to secure medical treatment, hospitalize, and/or order and injection, anesthesia, or surgery for the subject of this form as deemed necessary in conjunction with the advice of medical professionals. I understand all reasonable precautions will be taken by Campus Ministry Network, Inc. to ensure the subject of this form's safety. Nonetheless, though Strength for the Task is a training event, I do understand that every event, regardless of its nature, includes the possibility of unforeseen hazards and risks. I also realize that during Strength for the Task, all students will participate in an evangelism practicum that will involve leaving the conference location for an approximate three-hour period. I agree not to hold Campus Ministry Network, its leaders, employees, or volunteers liable for damages, losses, diseases, or injuries incurred by subject of this form.

SIGNATURE: ..... DATE: .....

PARENT OR GUARDIAN'S SIGNATURE REQUIRED IF YOUTH IS UNDER 18