

2010 BATTLE CRY: THE ENCOUNTER

FRI & SAT, APRIL 16&17 @ MEADOWLAND'S IZOD CENTER
 LEAVING FROM CHURCH 5:00 P.M. RETURNING BY 11:00 P.M.

DUE DATE:
3/14/10

As we continue to encourage our FFM students to grow in their faith, we are excited to present an opportunity for us to attend this year's Battle Cry: The Encounter. This event is part of the Acquire the Fire movement throughout the United States. Their main purpose is to provide the youth with a life-transforming experience with Jesus Christ. We at FFM are planning to attend both nights as a group. We will be leaving from Chodae Church at 5:00 PM and expected to return by 11:00 PM each night.

FEATURING:

Hillsong **UNITED** | Canton Jones | **Salvador** and others
Speaker: Ron Luce

<p>STUDENT INFO.</p> <p>Full Name: _____</p> <p>Grade: _____ Gender: M / F</p> <p>Will Attend (circle one): Friday Only Saturday Only Both Nights</p>	<p>EMERGENCY CONTACT INFO.</p> <p>Name of Guardian: _____</p> <p>Relation: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p>
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Item	Quantity	Description	Cost	Total
Battle Cry: The Encounter		Registration Fee	\$47.00	
			Total Balance Due	

DUE DATE: 3/14/10

Make Check payable to:
Chodae Community Church Memo line: **BattleCry**

** The earlier we register, we can guarantee a seat at the IZOD Center. Please turn in this registration from in to us ASAP. The DEADLINE is 3/14/2010 (Sunday). No late registration will be honored by FFM. **
 After the deadline, you are welcome to register directly at www.battlecry.com/newyork and provide yourself with your own transportation to the event.

PARENTAL CONSENT & LIABILITY WAVER

I hereby give consent that Chodae Community Church will NOT be held responsible or liable for any injury or damage to my child or to his/her possessions when there was no neglect of responsible action and appropriate measure taken by the church or by the leaders. In the event of an emergency involving my child, permission is hereby granted to conduct any appropriate medical treatment deemed necessary by a licensed medical professional. I hereby grant permission for my child to attend the 2010 Chodae Community Church Jr. High BattleCry: The Encounter Concert/Revival at the IZOD Center in East Rutherford, New Jersey on April 16, and April 17, 2010.
 (Must be Signed)

Name of Guardian: _____ Signature: _____ Date: _____

FFM Contacts: Deacon Joshua Kim 201-887-5555 | Pastor David Seo 443-986-2832

Do not write below this line

OFFICE USE :	PAID IN CASH	PAID w/ CHECK (#)	AMOUNT PAID	MISC.