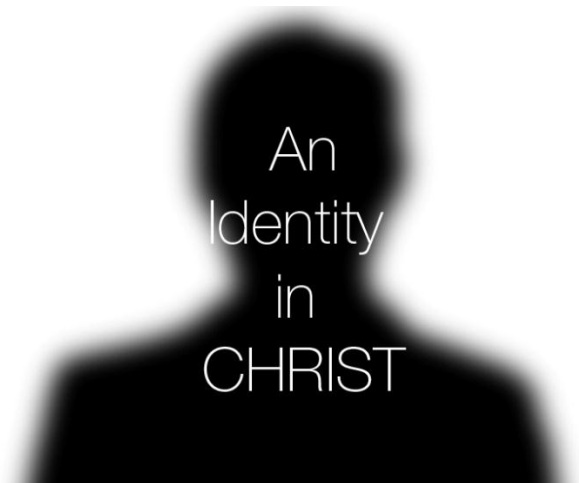


# NCFC YOUNG ADULTS RETREAT FALL 2012



**Speakers:**  
**Pastor Mark Kosko**  
**Pastor David Son**

Who: All Young Adults (single or married)  
What: Young Adults Retreat  
When: Friday, October 5, 7pm – Sunday, October 7, 9am  
Where: Camp Joy-El  
3741 Joy El Drive  
Greencastle, PA 17225  
(717) 369-4539  
Things to bring: Bible, notebook, sleeping bag, toiletries, clothes

Registration: Early Bird Registration: 8/26 to 9/9  
Regular Registration: 9/16 to 9/30

Contact: Pastor David Son, 201-638-5930, david.y.son@gmail.com



New Covenant Fellowship Church  
1439 Shepard Dr., Sterling, VA 20164  
18901 Waring Station Rd, Germantown, MD 20850

Rooming Options	Early Bird/ First Timers	Regular
Cabin Room	\$85 / person	\$95 / person
Lodge Rooms * Priority goes to families	\$115 / person	\$125 / person

Name	Room Location	Cost
		\$
		\$
	Total	\$

Registrant(s) Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relation to Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Young Adult Retreat Waiver

The undersigned or his/her child (hereinafter collectively referred to as the "undersigned") desires for the undersigned to participate in the 2012 New Covenant Fellowship Church Young Adult Retreat (hereinafter referred to as "Retreat"). The undersigned understands and acknowledges that the undersigned may incur personal injury or physical harm while participating in Retreat both at the retreat site and on the way there and back. The undersigned assumes all risks associated with participating in Retreat, including, but not limited to, contact with other people, physical effects of fasting, and the effects of weather, all such risks being known and appreciated by the undersigned. Having read this waiver and knowing the facts, the undersigned requests that New Covenant Fellowship Church (hereinafter referred to as the "Church") allow the undersigned to participate in Retreat and in consideration thereof forever indemnify and discharge the Church, its officers, directors, employees, agents, and any parties volunteering on behalf of the Church, from all claims, liabilities and causes of action of any kind including, but not limited to, damages, costs and expenses arising out of the undersigned's participation in Retreat. The undersigned gives permission for the undersigned to receive medical treatment in the event of an emergency and authorizes the Church and its representatives to make medical decisions on behalf of the undersigned.

**\*\*Must be signed by parent or guardian if participant is under age 18.**

\_\_\_\_\_  
Print Name (Participant)

\_\_\_\_\_  
Signature (Participant or Parent/Guardian)

\_\_\_\_\_  
Date

Payment Method: ☐ Cash ☐ Check# \_\_\_\_\_

\* Please make checks payable to NCFC

Senior Pastor: Rev. W. Jamie Kim  
New Covenant Fellowship Church

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