

FOCUS BEACH RETREAT

SPRING 2013



Who: Focus Young Adults (single or married)
 When: Thursday, May 16 - Sunday, May 19
 Where: Rehoboth Beach
 5 Maryland Avenue
 Rehoboth Beach, DE 19971

Things to bring: Bible, sleeping bag, toiletries, clothes

Early Bird Registration:

Dates: 3/24 – 4/14
 Cost: \$160.00 Total (\$60.00/night)

Regular Registration:

Dates: 4/15 to 5/12
 Cost: \$200.00 Total (\$75.00/night)

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

Name	Rate	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 2013 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.

 Print Name (Participant)

 Signature (Participant)

 Date

Payment Method: ☐ Cash ☐ Check# _____

* Please make checks payable to NCFC

Senior Pastor: Rev. W. Jamie Kim 1439 Shepard Dr., Sterling, VA 20164
 New Covenant Fellowship Church 18901 Waring Station Rd., Germantown, MD 20850