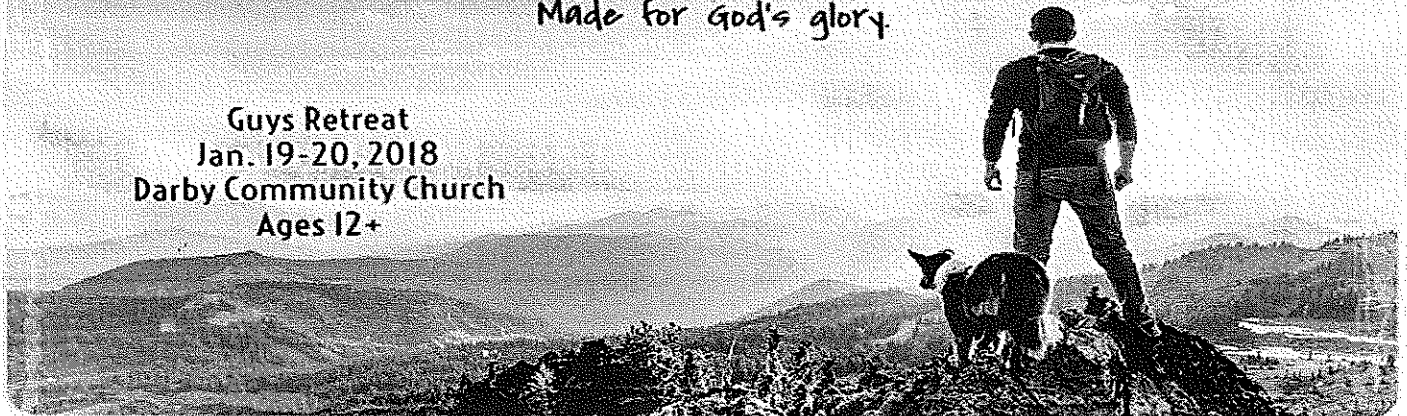


# MEN OF MIGHT

Made in God's image.  
Made for God's glory.

Guys Retreat  
Jan. 19-20, 2018  
Darby Community Church  
Ages 12+



**JOIN US FOR OUR SIXTH ANNUAL MEN OF MIGHT RETREAT, A TWO-DAY, GUYS-ONLY EXPERIENCE THAT WILL BULK UP YOUR FAITH IN JESUS.**

**YOU WON'T WANT TO MISS THIS EPIC TIME OF WORSHIP, BIBLE STUDY, AND SMALL GROUP DISCUSSION, AS WELL AS LOTS OF FOOD, A KILLER OBSTACLE COURSE, A BONFIRE, AND CAMPING IN THE RUSTIC DADE CITY COUNTRYSIDE.**

## **BRING:**

- \$10 (covers three meals)
- TENT
- SLEEPING BAG/BLANKET
- PILLOW
- FLASHLIGHT
- OUTDOOR CLOTHES
- TOOTHBRUSH
- OVERNIGHT SUPPLIES
- TOWEL
- BIBLE
- REGISTRATION/RELEASE FORM

## **WHO:**

- GUYS AGES 12 AND UP

## **WHEN:**

- ARRIVE FRI. JAN.19 @ 6 PM
- DEPART SAT. JAN.20 @ 5 PM

## **WHERE:**

- DARBY COMMUNITY CHURCH  
14745 BELLAMY BROS. BLVD.  
DADE CITY, FL 33525

**FOR MORE INFO CONTACT PASTOR MARK NARANKEVICIUS AT  
(352) 999-0117 OR [MNARANKEVICIUS@GMAIL.COM](mailto:MNARANKEVICIUS@GMAIL.COM)**

# REGISTRATION FORM

**MEN OF MIGHT, JANUARY 19-20<sup>TH</sup> 2018**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONCERNS/REQUESTS/ALLERGIES/INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## RELEASE FORM:

**MEN OF MIGHT, JANUARY 19-20<sup>TH</sup> 2018**

The student/child named above has my consent to participate in the youth ministry event of Darby Community Church and any organization that is utilized by Darby Community Church in a youth activity. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for them to attend the activities of Darby Community Church Youth Ministry. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that the named child is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_