



LEAD PASTOR'S WIVES RETREAT

NOVEMBER 10-12, 2022

TWIN LAKES CONFERENCE CENTER

CONTACT INFORMATION—PLEASE PRINT

Church Name _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

EMERGENCY CONTACT

Emergency Contact _____

Emergency Contact Number _____

Donation (Optional).....

I will be attending the following days:

Thursday-Friday Friday Night Only-arrival_____

Friday-Saturday-arrival_____ Saturday Only-arrival_____

Mail form to:

MS Assemblies of God
Women's Ministries Dept.
PO Box 720309
Byram, MS 39272

By submitting this form, I agree that the Mississippi District Women's Ministries, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to me and/or anyone claiming on my behalf, and I further agree to hold harmless, indemnify and defend the Mississippi District Women's Ministries, its officers, agents, employees, trustees and volunteers for and from any and all damage during the time of my attendance and participation at Mississippi District Women's Ministries, whether such injury, illness, or damage occurs on or off the event site. I certify that photographs or video of myself participating in the Mississippi District Women's Ministries programs may be reproduced and utilized for promotional materials for the event. I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement.

Participant's Signature

Date