



**Keryx In Community**

**Center Point Assembly of God**

5291 M-66  
Charlevoix, MI 49720

**Candidate Application**

**2021**

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**Men's weekend:**  
September 23 - 26

**Women's weekend:**  
Sept. 30 - Oct. 3

**Please** verify the dates of the event you are registering for at the website:

[keryxic.org](http://keryxic.org)

**Please** arrive at the Church by 6 PM on the first day -event starts promptly at 6:30. Thank you!

I am registering for:

  


Men's weekend (September 23 - 26, 2021)

Women's weekend (September 30 - October 3, 2021)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Phone #: home \_\_\_\_\_ cell \_\_\_\_\_ do you text message? Y / N

E-Mail Address: \_\_\_\_\_

Do you have a home church? Y / N Name of church: \_\_\_\_\_

Is someone sponsoring you this weekend? Y / N Name: \_\_\_\_\_

Is your spouse planning on attending a weekend? Y / N / Maybe Name: \_\_\_\_\_

Do you have any special food requirements or Food Allergies? (Please List)

\_\_\_\_\_

Do you have any special medication regimens that we need to be aware of? Y / N (Please List)

\_\_\_\_\_

Are there any other special provisions that you need to stay and enjoy this Keryx weekend?

\_\_\_\_\_

To help defray the costs of the weekend, there is a SUGGESTED fee of \$50.00. Checks should be made out to 'KIC'. Scholarship funds are generally available; please don't let the cost keep you from attending. Applications and payment may be brought to the weekend, sent to the address below. For more info e-mail:

KIC c/o Lighthouse Missionary Church  
7824 Rogers Rd  
East Jordan, MI 49727

[info-kic@keryxic.org](mailto:info-kic@keryxic.org)

## Release Form for Media Recording

*\*\* Agreement to this release form is not mandatory, nor a prerequisite for attending any of our events. \*\**

I, the undersigned, do hereby consent to and agree that Keryx Ministry, its employees, or agents have the right to take analog/digital photo, video, and/or audio recordings and to use these in any and all media, now or hereafter known or unknown. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Keryx Ministry, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Keryx Ministry is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Name

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Address

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Phone

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Witness for the undersigned

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Signature

Date

I, the undersigned, ***do not*** consent to the use of my image or likeness by any means or in any form by Keryx Ministry, its employees, or agents for any public use.

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Name

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Signature

Date