



*Keryx In Community*

**Black River Full Gospel Church -  
The Gathering Place**  
2902-2910 Orchard Beach Rd  
Cheboygan, MI 49721

**2023**

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**Men's weekend:**  
Nov. 2 - 5

**Women's weekend:**  
Oct. 26 - 29

## Candidate Application Form

*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 5 PM on the first day -event starts at 5:30. Thank you!

I am registering for:

  

Men's weekend (November 2 - 5, 2023)

Women's weekend (October 26 -29, 2023)

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 'SON 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:

SONKIC c/o Keith Gee  
808 Olson Dr.  
East Jordan, MI 497279774

[info-sonkic@keryxic.org](mailto:info-sonkic@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