



RETREAT

We congratulate you for having decided to have an Encounter with the Lord! In this Retreat you will receive the ministering of the Word of God and the liberating power of the Holy Spirit that will prepare you to be a disciple of our Lord Jesus Christ. It is our prayer that God would touch your heart and transform your entire life, and that you, your family and your community would be blessed.

To Participate in an elFARO Church Retreat you should:

- Fill out and submit the Registration Form along with the first payment (\$25.00 deposit).
- Ensure complete payment of the total cost of the retreat, (\$75.00) which includes lodging, all meals, transportation and all materials.
- Attend all pre-retreat meetings. If you are unable to attend for a <u>val-id reason</u>, you should speak with the Retreat Coordinator for special arrangements.

What you should bring to the Retreat:

- Comfortable clothes
- Personal hygiene items
- Bible, pen and pad
- Please No cell phones, No cameras and No videos

The Weekend of the Retreat:

- You should arrive at the meeting place on Friday at 6:30 pm. for registration. All Retreat attendees must ride in the provided transportation (van/bus) that will transport them to the Retreat grounds. Personal vehicles are not allowed.
- For your personal safety and security, all attendees are not permitted to depart the Retreat grounds until it has finished. Any person leaving prior to the Retreat's conclusion will do so at their own account and risk. elFARO Church will not be held liable or responsible.
- The receiving service will be held on Sunday at 10:00 am. in the local Church
- You should invite your family and friends to come receive you!
- Personal electronics are not permitted. This includes, but is not limited to, cameras, laptops, mp3, CD or tape players, etc.



elFARO Church

Participant Registration Form

Full Name:			
Age: Date of Birth:			
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell		
E mail address:			
T-Shirt size: () SM () MD () LG () XL () XXL () XXXL			
<u>Marital Status:</u> () Single () Married () Divorced () Widowed () Separated			
() Living Mate			
If married, spouse's name:			
Emergency Contact Info:			
Name:	P	hone:	
Please describe if you have any medical condition:			
Type of medication:			
Do you regularly attend services at elFARO Church? Yes No			
Signature:	Date:		