

A WEEK OF HOPE

June 14-18



Student Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Emergency Phone _____

Student Cell _____ Carrier _____

\$25 Per Person (Scholarship Money is Available)

Check _____ Cash _____ Student Account _____

Make Checks Payable to Lakeside Fellowship Church

I hereby agree to all conditions stated therein and give permission for my child named above to attend A Week of Hope with the 24.7 the student ministry of Lakeside Fellowship Church, June 14 - 18 in Indian River County. For more information you can reach Pastor Joe at 772.202.0247 or email us at info@theofficial247.com I, _____ agree to let my Child's Photo to be used in promotional footage. Including Web, video and print material.

24.7 will be working with Operation Hope, Salvation Army, The Source and Habitat for Humanity. We will meet at the church each day at 9:30am. We will be at the work site by 10am. Lunch will be at Noon (please bring your lunch) then we will continue working until 2pm. You can pick your child up at LFC at 2:30pm. Wear comfortable clothes, sunscreen, sunglasses and carry a water bottle.

Sign _____ Date _____

(Parent/Guardian)