



## Keryx In Community

Hope Lutheran Church  
5462 Nicholson Hill Rd.  
Hubbard Lake, MI 49747

### Candidate Registration Form

**2025**

**Men's weekend:**

August 14 - 17

**Women's weekend:**

August 28 - 31

**Please** arrive at the Church by 5:30pm on Thursday, the event starts at 6:00. Thank you!

I am registering for:

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Men's weekend (August 14 - 17, 2025)

Women's weekend (August 28 - 31, 2025)

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

If under age 18, parental consent signature: \_\_\_\_\_

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

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

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

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

Emergency Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Emergency Phone #: home \_\_\_\_\_ cell \_\_\_\_\_

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

Is someone sponsoring you this weekend? Y / N 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 **'SonKIC'**. Scholarship funds are generally available; please don't let the cost keep you from attending.

Registration forms may sent to the address below or given to \_\_\_\_\_.

Payment may be brought to the weekend or sent to the address below.

SONKIC c/o Sally Agee  
402 South Park St, Boyne City, MI 49712

## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Keryx Ministry, its employees, or agents have the right to take photographs, videotape, or digital recordings to use these in any and all media, now or hereafter known, and exclusively for the purpose of advertising and recruiting. 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

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Date

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

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Name

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Signature

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Date