

JUBILEE – LOVE WALK FOR YOUTH
40 Days of Prayer and Fasting for our Youth



Saturday September 22, 2007 8:00 a.m. – 1:00 p.m. 17100 Harvard (JFK HS) to Lee Road to Tarkington to (Kerruish Park)

- I/We will participate in the **40 Days of Prayer & Fasting** (Aug. 18th – Sept. 26th) I/We'll fast these days/times _____
- I/We will **Adopt-A-School** ___ School Name _____ Assign me/us a school _____
- I/We will **prayerwalk** a school one of the 10 days of Sept. 13th – 22nd ___ I/We will prayerwalk the one I/we adopted
- Our Church Congregation/Ministry/Organization/Business **will participate in the Jubilee Love Walk For Youth**
- I am **registering for the Jubilee Love Walk** ___ I want to be a **Team Captain** ___ Send me **extra registration forms**
- I want to **volunteer** ___ clerical ___ literature distribution ___ at the event ___ other (_____) ___ where needed
- I cannot walk but I would like to **make a donation** ___ I want to **volunteer for a school** in the 2007/2008 school year
- My Church/Ministry would like to **raise funds for our Youth Ministry** through the Jubilee Love Walk For Youth
- I/We will be **attending the various gatherings** involved with the 40 Days ___ Back To School United Prayer Rally
- ___ Back To School–Restoring The Family Workshops ___ 911 United Community Prayer Gatherings ___ Student Leader Training for Student – Led Outreach Campus Bible Clubs/Prayer Groups ___ Adopt-A-School Sunday
- ___ See You At The Pole (SYATP) – Student-Led Campus Prayer Gathering ___ 40 Day/SYATP Post Rally

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Your Name _____ (Circle) Youth/Adult (Circle) Pastor/Dr./Mr./ Mrs./Ms.
Church/Ministry/Org./Bus. _____ Pastor/Director/Owner _____
Your Address _____ City _____ State _____ Zip _____
Phone (____) _____ Fax _____ Email _____

I agree not to hold the Ministry of Reconciliation, and any of their staff, volunteers or their heirs, responsible for any injuries that may result from my participation in this event. **Under 18? Please get a parent's signature** - I agree not to hold the Ministry of Reconciliation, and any of their staff, volunteers or their heirs, responsible for any injuries to my child's person or property arising directly or indirectly that may result from my child's participation in this event.
Signature _____ Date _____ Parent's Signature _____ Date _____

(\$20 Registration \$15 Early Registration Discount – Before or by August 10th Youth are FREE)
Please make checks payable to: **Ministry of Reconciliation** P.O. Box 202206 Shaker Hts., Ohio 44120
(All donations are tax deductible) **Phone:** 216-752-3442 **Fax:** 216-921-8361
Email: cityevangelsim@cs.com **Website:** www.ministryofreconciliationinc.org

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