

2009 East Ohio Ministerial Recruitment Institute

Greetings!

I hope this letter finds you well! It is that time once again to invite your youth (ages 13 and up or entering the 7th grade) to the Ministerial Recruitment Institute. MRI is 27 years old this year! We hope that your youth are making plans to attend this fun filled week of learning, worship and praise.

MRI begins at 4pm on Sunday, July 5 and ends 11:30am on Friday, July 10, 2009. Once again, we will be in community on the campus of Baldwin-Wallace College in Berea, Ohio.

Come share in the "MRI Experience" which includes:

- Youth and adults hearing and responding to God's call.
- Youth and adults on a spiritual journey together.
- Time set aside to draw away from the world to reflect.
- Worship Services, Bible Study, Singing, & Praise Dancing
- Cultural Activities, MRI Olympics, & Recreation
- Mission Trip, Friendships, & Fun!!!

Enclosed with this letter you will find 2009 MRI registration, reference, and health forms. Please feel free to make more copies of all forms as needed.

No need for students to send extra money for T-Shirts because this cost is included in the registration fee.

REGISTRATION FEES

REGULAR: \$150.00 PER PERSON (postmarked by May 23, 2009)

LATE: \$200.00 PER PERSON (postmarked by June 13, 2009)

NO PAYMENTS WILL BE ACCEPTED ON-SITE

I look forward to seeing you and your youth in July. Please feel free to join us for evening worship service in the chapel Monday through Thursday at 6:30pm. The theme again is "I Am Anchored In Christ". Please ask youth to come with the spirit of cooperation and expecting great things from the Lord. We are going to have a great time together!!!

Please contact me with any questions or concerns at 216-965-1653 or dubose.salina@yahoo.com. All forms and payments should be mailed to:

**2009 MRI Registrar:
1117 East 105th Street
Cleveland, OH 44108**

Make Check Payable To: East Ohio Conference (memo fund #9621)

Your Sister In Christ,

Salina A. DuBose

Salina A. DuBose
Dean, 2009 Ministerial Recruitment Institute

“I Am Anchored In Christ”
East Ohio Ministerial Recruitment Institute
July 5-10, 2009
Baldwin-Wallace College, Berea, Ohio
Registration Form

PLEASE PRINT

STUDENT INFORMATION

(Check One) First Timer _____ Returning Student _____ How Many Years Of Attendance _____

Name _____ SEX _____

Date of Birth _____ Age _____ Grade Completed in June _____

Address _____ Apt. _____ City _____

State _____ Zip Code _____ Home Phone _____

Church _____ Pastor _____

PARENT/GUARDIAN INFORMATION

Name(s) _____

Address _____ Apt. _____ City _____ State _____

Zip Code _____ Email Address _____

Phone(Home) _____ (Work) _____ (Cell) _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ (Cell) _____

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I _____ the parent/guardian
PRINT

of _____, give my permission for him/her to participate in the Ministerial Recruitment Institute. I have informed my child that they are to respect all adults, staff, and students. I have informed him/her to obey all of the rules. **I understand that if they do not cooperate, they may be sent home.** In case of emergency, I authorize the Dean of MRI to secure necessary treatment if parent/guardian cannot be reached.

Signature of Parent/Guardian _____

STUDENT AGREEMENT

I understand that if I am disrespectful and do not obey all of the rules I may be asked to go home.

Signature of Student _____

REGISTRATION FEES: REGULAR: \$150.00 PER PERSON (POSTMARKED BY 5/23/09)

LATE: \$200.00 PER PERSON (POSTMARKED BY 6/13/09)

NO PAYMENTS ACCEPTED ON-SITE

**2009 EAST OHIO MINISTERIAL RECRUITMENT INSTITUTE
HEALTH INFORMATION FORM**

(Note to parents/guardians: MRI provides a challenging schedule for the entire week and is not appropriate for youth with serious health problems or those who are pregnant.)

Name:

Address:

City, State, Zip Code:

Phone Number: _____ Age: _____ Date of Birth: _____

Name of Parent/Guardian:

Work phone: _____ Home phone: _____

Emergency Contact Person:

Work phone: _____ Home phone: _____

Allergies: No Yes Identify _____

What recent operations or injuries may prevent you from participating in physical activities at MRI?

(Be specific) _____

Have you had recent immunization for or been diagnosed with the following:

Mumps _____ Tetanus _____ Measles _____ Chicken Pox _____ Whooping Cough _____

Have you experienced any psychological disorder or illness? If so please explain:

Any restriction to swimming?

No Yes (if yes please explain) _____

Are you taking any medication? If so, please list:

Medication _____ Dosage _____ Amount _____ Frequency _____

Do you have any dietary restrictions?

No Yes (if yes please explain) _____

Any other health related issues that we need to know? Please explain if the answer is yes:

In case of emergency I authorize the Dean to secure necessary treatment if parent/guardian cannot be reached.

Parent/Guardian signature _____

RETURN THIS FORM WITH THE REGISTRATION FORM AND FULL PAYMENT BY THE APPROPRIATE DEADLINE TO 2009 MRI REGISTRAR.