

Kalon

(Greek - `kA-lon)

a beauty that is more than skin deep

A ministry based on...
Ephesians 3:16 - I pray that out of the riches of His glory,
He may strengthen you with power through
His Spirit in your inner being.

Our goal...
to reach the hearts of young women ages 14-18 in an
intentional, fun, adventurous interaction
which is based on the Word of God just for them.

6:30 pm - Friday, March 23rd, till 12 noon - Sunday, March 25th, 2018

Wilderness Ridge @ PVM Retreat Center
1259 Swann Beatty Road, Camden, Ohio 45311

Cost - \$200 - includes, lodging for 2 nights, 5 meals and snacks, notebook and bag.

The event will sell out quickly, limited spots available!!!

For more event information contact LaJanna Miller via kalon.information@gmail.com

****All payments are nonrefundable and nontransferable, MUST be paid in full to attend****

Payment Options: Check: Made payable to Hearts of Beauty - Kalon or

Credit Card: Visa or Master Card (processing surcharge \$4.00/per \$100, added to CC payments)

Mail to: Kalon, 4389 N. Mason-Montgomery Rd., Mason, OH 45040 (must be received by 3-15-17)

****EACH ATTENDEE COMPLETE A SEPARATE REGISTRATION FORM****

Name _____ Age _____ Phone _____

Address _____ City _____ St _____ Zip _____

Email _____ Parent(s) _____

Parent Email _____ Parent Phone _____

Attend Church /Youth Group - Yes or No - Name _____

Payment: \$ _____ Check (payable to Hearts of Beauty - Kalon) Credit Card - Visa / MC

CC# _____ Exp ____/____ 3-digit code _____

Date _____ Cardholder's Signature _____

I will be attending with...please confirm their info below

Name _____ Age _____

(If You Gifted Her Fee \$ _____ &/or Activity\$ _____)Date Registered _____ Registered by: Mailed or Website

Name _____ Age _____

(If You Gifted Her Fee \$ _____ &/or Activity\$ _____)Date Registered _____ Registered by: Mailed or Website

Name _____ Age _____

(If You Gifted Her Fee \$ _____ &/or Activity\$ _____)Date Registered _____ Registered by: Mailed or Website

Name _____ Age _____

(If You Gifted Her Fee \$ _____ &/or Activity\$ _____)Date Registered _____ Registered by: Mailed or Website

If you have more attending, please continue on the back.

Office use only

Date Contacted _____ By _____ Confirmed attending _____

Dietary/Physical Needs (restrictions) _____