

28th Annual Georgia District Men's Retreat

Adrian Camp and Conference Center | January 29-31, 2027

Registration starts at 3 pm on Friday, January 30. Retreat ends Sunday, February 1, by noon. Mail the form with a \$50.00 (non-refundable deposit) made out to GA District Men's Ministry by December 31, 2025, to: Ron Gulliford, 423 Edward's Road, Griffin, GA 30223. Note: There will be a \$25.00 late fee for registrations that are postmarked after this date. You may register online at georgianazarene.org.

Name: _____ Phone: _____

E-Mail: _____ Home Church: _____

LIABILITY RELEASE: I, _____ as a participant in the Georgia District Church of the Nazarene (hereinafter "District") Men's Retreat, to be conducted on January 30 – February 1, 2026 am aware of the purpose and scope of this event. I recognize that it is an extraordinary church function and accept responsibility for the general and normal risks involved in this activity. Therefore, in consideration of the District permitting me to participate in this Event, I release the District, its respective members, officers, directors, subcontractors, employees, and/or agents from liability for any injuries and/or losses which may occur or arise out of [whether directly or indirectly] by way of my participation in such activity, except those caused by the willful, wanton, reckless, or malicious actions of said District and its respective members, officers, directors, subcontractors, employees, and/or agents. I understand the event may include off-campus activities.

Emergency Contact: _____ Phone: _____

MEDICAL RELEASE: Circle what applies to you: Heart Trouble | Asthma | Epilepsy | Diabetes | Allergies | Communicable diseases

List any other information that might be helpful to medical personnel: _____

Do you have any physical limitations that we should be made aware of? _____

If yes, please explain: _____

Are you presently under a doctor's care? _____ If yes, please explain: _____

If it is necessary for my health to have medical, surgical, and dental care administered and I am not able to communicate, I give permission to authorize this care for myself for the period of the activity as part of the Georgia District Men's Retreat.

Your Signature: _____ (If under 18 years old, parent/guardian must sign)

Insurance Company: _____ Policy #: _____

Emergency Contact: _____ Phone: _____

The costs below include your food and all other expenses for the retreat. This is your cost for the retreat. Please check only one of the options below for your lodging. (If staying in a dorm, bring your own bedding and towels):

Latham Lodge (a room to yourself): \$200 _____
Latham Lodge (a room to share with one other person): per person cost is \$155 _____
All Dorms: \$130 _____
Private Cabin: \$130 _____
Camper: \$105 _____
Staying off campus: \$90 _____

Who would you like to room with? _____ Do you need first-floor accommodations? YES NO

Send \$50 (non-refundable deposit) made out to "GA District Men's Ministry" by December 31st.

Mail to: Ron Gulliford 423 Edward's Road, Griffin, GA 30223, or register online at georgianazarene.org.

Bring the remainder of what you owe to registration. Keep in mind: Latham Lodge fills up fast, and there are limited camper spaces.

Don't forget to invite a son, a grandson, a neighbor, a friend, a co-worker, a brother in Christ, and PLEASE bring something of value for the Auction; this helps cover the cost of the retreat. Donations to the retreat or the Don Moody Memorial Fund may also be sent to the above address.