



“Defend the cause of the weak  
and fatherless; maintain the rights  
of the poor and oppressed.  
Rescue the weak and needy;  
Deliver them from the hand of the  
wicked.”

Psalm 82:3-4



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2019  
March for Life

WASHINGTON, D.C.  
Friday, January 18th

## WHAT WILL WE BE DOING?

The March for Life is an opportunity for us as a body of believers to take a stand for the sanctity of human life from the moment of conception until natural death.

The March begins with a program, including a variety of speakers, followed by the actual march which takes us past the capitol building, the supreme court, and the library of congress.

Please fill out the attached form and return it to the church office to reserve your spot for the LFC bus trip to Washington D.C.

The cost is \$45 per person. Secure your seat by filling out the attached form and returning it to the church office **with your payment no later than**

**SUNDAY, JANUARY 6th**

**All checks should be made payable to:  
Lafayette Federated Church.**

### LEAVING:

6:00 a.m. on Friday, 1/18 from the church parking lot. Please be prompt and check-in as soon as you arrive.

### RETURNING:

We will get back to LFC at approximately 11:00 pm

### WHAT DO I NEED TO KNOW ABOUT THE TRIP?

What to wear- Check the weather before we go... Warm clothes, (rain clothes if rain is in the forecast), comfortable shoes for the march

Food- A bag lunch would be ideal. We will be stopping once on the way down and on the return as time permits at a rest area where there will be food. So either pack your own, or plan on buying it at the rest area. You are on your own for lunch!

Please contact Ryan Drew or the church office if you have any further questions

**Tear off and Return with Payment as soon as possible.**

**March for Life 2019**

Name(s): 1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ City: \_\_\_\_\_

3. \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARENTS, fill out this section if you are not attending with your child.**

Name of adult responsible for your child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

I, the parent of \_\_\_\_\_, authorize my son/daughter to participate in the event mentioned above to be sponsored by Lafayette Federated Church. In the event of an emergency, if I cannot be contacted immediately, the group supervising the event is authorized to administer medical assistance to my child. I release Lafayette Federated Church from all liability.

**Payment Type:**

Full Payment...\$45 x \_\_\_\_\_

**Total Amount** \_\_\_\_\_

**Check No.** \_\_\_\_\_

**Received on:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_