



“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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2020 MARCH FOR LIFE

WASHINGTON, D.C.
Friday, January 24th

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 \$25 per person
(cap of \$100 per family)**

Secure your seat by filling out the attached form and returning it to the church office **with your payment no later than**

FRIDAY, JANUARY 17th

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

LEAVING:

6:00 a.m. on Friday, 1/24 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, Bill Byrd or the church office if you have any further questions

Tear off and Return with Payment as soon as possible.

March for Life 2020

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 on the trip 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.

Parent Signature _____

Date _____

Payment Type:

Full Payment...\$25 x _____

Total Amount _____

Check No. _____

Received on: _____

Comments: _____

