



Parents' Prayer Request

Dear Parent or Guardian,

I am greatly honored that your child is able to attend GO TELL Camp this summer. In 1989, God gave me a vision to start a youth camp ministry that would impact teenagers' lives with the Gospel of Jesus Christ. Since then more than 80,000 students and their leaders from churches nationwide have attended our GO TELL Camps. Thousands have made personal commitments to Christ, and many have surrendered to full-time Christian service. To God be the glory!

It is my prayer that your child's heart will be transformed by the power of God through the anointed music and preaching of God's Word.

To this end, I want to invite you to join with me as a prayer partner for the camp ministry and especially for your child. I want this to be a very special time of spiritual renewal for your teenager – a life-changing experience that will deepen his or her commitment to live for Christ and to serve Him daily as a witness.

I am setting aside a special day of fasting and prayer for the youth attending GO TELL Camp this summer. Attached is a special prayer request form. Since you as a parent know the deep needs of your child, I invite you to complete this form and return it to our office.

Our staff will take these special prayer requests before the Lord to intercede on behalf of your child and the other students. We will ask God to move in a powerful way to meet the deepest needs of your child. I pray GO TELL Camp will impact his or her life forever!

Sincerely in Christ,

Rick Gage

✂ CUT OFF HERE AND SEND DIRECTLY TO GO TELL MINISTRIES

Dear Rick: I want to join with you on your day of fasting and prayer. I ask that you pray for the following specific needs in the life of my child (children) who will be attending GO TELL Camp.				
My son(s)/daughter(s) will be attending the week of (check one):				
<input type="checkbox"/> June 24-28, 2017		<input type="checkbox"/> June 28-July 2, 2017		
Their name(s) and needs are as follows:				
[] Please send my FREE copy of <u>More than a Game</u> to:				
Name of Parent or Guardian:				
Street Address:				
City, State, Zip:				
Email:				
Name of Church:				
Please return this form to:		GO TELL Ministries,	P.O. Box 2138,	Duluth, GA 30096
				Fax: (770) 622-5603