Scott Hinkle Outreach Ministries

PO Box 1093 Midlothian, TX 76065

214-212-0409 ScottHinkle.org

MARDI GRAS 2020

February 21-25, 2020

**INFORMATION PACKET**

Mardi Gras 2020

General Information

Dates: Friday, February 21, 2020 – Tuesday, February 25, 2020

Location: John Curtis High School (Team Only)

                 10125 Jefferson Highway

                 River Ridge, LA

Housing: Missionary style. Sleeping bags and air mattresses on the floor of the gym at JCHS. Gym style shower facilities. Meals are prepared in the school cafeteria.

Cost: Total Mardi Gras Outreach Package: No daily or prorated cost is available

 $285.00 this amount includes: housing, local transportation, 3 meals a day and tracts

**To insure a reserved space:**

Please confirm your participation with us by January 21, 2020. A non-refundable deposit of $125.00 is due at this time along with your **application, medical form, adult participation release & pastor’s recommendation letter.** (This deposit is a part of the outreach total cost of $285.00).

The remaining amount must be in our office by February 7, 2020.

**All monies are due on or before February 7, 2020**. (Make all checks payable to (S.H.O.M.) Payment may be made by Credit Card (Visa, MasterCard, Discover & Amex) for entire amount only, plus an $8.50 service charge per person.

No new applications will be accepted after February 7th. All monies become non-refundable after February 7th.

CONTACT: SHOM, PO BOX 1093, Midlothian, TX  76065 / (214)-212-0409

Transportation: To and From New Orleans International Airport

FLYING INTO NEW ORLEANS: Plan arrival into New Orleans International Airport

**Friday, February 21st** as close to 4:00 PM as possible

When you arrive in New Orleans please get your luggage and go upstairs to the waiting area (near Delta Airlines). We will pick you up at the airport and transport you to the place where we will be staying. Make your reservations immediately and advise us of your schedule

Plan departure from New Orleans Tuesday MORNING, February 21st. There will be transportation to the airport

DRIVING INTO NEW ORLEANS: Plan to arrive on Friday, February 21st around **4:00 PM.**

**Please DO NOT go to JCHS before 4 PM.**

Mardi Gras 2020

Important Information

Purpose:  Declare the Good News - Luke 4:18-19, Those that don’t know Jesus to come to know Him - John 12:32, Destroy the works of Satan - 1 John 3:8, Build up the Body of Christ - Hebrews 3:12-13, Hebrews 10:25.

Outreach Requirements:

18 years of age before February 1, 2020. NO EXCEPTIONS

A solid and consistent life with the Lord for one year prior to outreach

A member of a local church

A letter of recommendation from your Pastor (emailed or mailed) to our office no later than

January 21, 2020.

Be able to be a part of a highly disciplined and structured large group setting.

Must be free from any and all substance abuse (i.e. drugs, alcohol, nicotine, and electronic cigs/vapes), etc.

Be in good physical condition - this outreach requires a lot of walking.

Things to Bring:

Bible

Sleeping bag, pillow, inflatable mattress or egg crate foam - the gym floors are hard

Clothing: casual; the weather can be unpredictable: Jacket, sweater, thermals, gloves

Shoes: good shoes for walking

Towel & wash clothes

Toiletries: soap, deodorant, shampoo, etc

Blow dryers & curling irons are permitted

Watch or cellphone: a must for being on time for pick up - *“Be there or cab fare”*

Money: for extra meals and snacks on the street

Backpack: for tracts, follow up cards, Bible, water, etc. while on the street

Vitamins

Mardi Gras 2020

Prayer Guide

We place a high priority on preparation. The nature of this particular outreach is perverse and full of occultism.  It is strongly advised that all participants prepare themselves through prayer and fasting. Fasting will begin, Wednesday, January 29, 2019 through Wednesday, February 19, 2020.

Suggested reading: “Christian Come Out of the Closet” by Scott Hinkle

GENERAL GUIDELINES:

Recognize and trust the Lordship and omnipotence of Jesus ChristStand firm, resist every evil work - Eph. 6:10-19, Put on the full armor of GodDo not give the enemy an entry point to oppress you personallyResist temptation and maintain a clean heart and life Keep your guard up spiritually upon your return homeFor 2-3 weeks afterward maintain the same warfare and intensity that was used in preparation for the outreach as this will help against any backlash from the enemy

GRACE FROM GOD:

Faith - Believe God is able to use you to win souls Love for the unsaved - a vision for the lost and a tender heart; repentance; deliveranceStrength & Protection (spiritual, emotional, mental, physical) Financial provision Gifts of the Spirit - operation of the supernatural; miraclesDiscernment & wisdom for decisions on strategy, plans, methodology, etc. A spirit of unity with all those involved in outreach Attitude of praise - no matter what Attitude of warfare - no matter what

Safe travel for all those attending the many outreaches in New Orleans

OUTREACH:

Unity

Favor with authorities of New Orleans Vans, planes & other vehicles - mechanically sound - trip down and back Kitchen crew The local churches and Christians in the Greater New Orleans area The facilities at John Curtis High School The New Orleans Dream Center

OUTREACH LEADERSHIP:

Scott & Nancy Hinkle & family, SHOM Chris & Jaimie Mitchell Danny & Stephanie Delgado & family

Rusty & Leisa Nelson & family - Rock Family Worship Center Our families, homes, and children, grandchildren, etc.All other participating Christian groups, churches, ministries & leaders

PRAY AGAINST:

Specific principalities, powers and authorities which are over New Orleans - lies, darkness, occult, rejection, rebellion, pride, covetousness, violence, murder, racism, bitterness, doubt, lust and perversion

Strongholds: witchcraft, astrology, religion, idolatry, homosexuality, immorality

Attacks on the outreach: dissension, disunity, passivity, health, emotional, spiritual, temptation, fear, curses, hexes, financial

**Mardi Gras 2020**

 **Medical Release**

PLEASE PRINT CLEARLY: YES NO

ARE YOU UNDER MEDICAL SUPERVISION AT THIS TIME?

IF SO, WHAT KIND:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU TAKING ANY MEDICATIONS AT THIS TIME?

IF SO, WHAT KIND:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU IN GOOD HEALTH AND PHYSICAL CONDITION?

DO YOU CERTIFY THAT YOU ARE NON-CONTAGIOUS?

DO YOU HAVE ANY PHYSICAL OR DIETARY LIMITATIONS?

SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ABLE TO WALK THREE TO FIVE MILES?

**NOTE: IF YOU ARE UNDER MEDICAL SUPERVISION, PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR PHYSICIAN.**

**ON A SEPARATE SHEET OF PAPER PLEASE MAKE ANY ADDITIONAL COMMENTS REGARDING YOUR HEALTH OR SPECIAL LIMITATIONS AFFECTING PHYSICAL, MENTAL OR EMOTIONAL CAPABILITIES.**

**RELEASE OF LIABILITY**

I/We do hereby fully release Scott Hinkle Outreach Ministries, Inc., The Rock Family Worship Center, and their employees and representatives from any liability whatsoever arising out of injury, damage, theft, loss, threat or war which may be sustained by me/us during the course of involvement with Scott Hinkle Outreach Ministries, Inc. & The Rock Family Worship Center.

IMPORTANT INFORMATION **(PRINT)**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT (NAME & PHONE #)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR TREATMENT / RELEASE OF LIABILITY

I do hereby agree to performance of such treatment, anesthetic and /or operations as in the opinion of the attending physician are deemed necessary on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name Signature Date

SCOTT HINKLE OUTREACH MINISTRIESPO Box 1093 Midlothian TX 76065 SHOM2@aol.com

(214)-212-0409

**PLEASE PRINT CLEARLY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Telephone: Work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_Languages Spoken: (BESIDES ENGLISH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received the Baptism in the Holy Spirit as described in Acts 2:4? \_\_\_\_Yes \_\_\_\_No

Requirements for outreach participation: born-again experience and a consistent Christian walk for at least one year. (SEE ATTACHED SHEET) How long have you been born again?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time attending: \_\_\_\_\_\_\_\_\_\_\_

If you work with a ministry, please tell us the name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader of group or ministry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved in street evangelism? \_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a part of an outreach with Scott Hinkle Ministries? \_\_\_\_ If so, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONS TO CONTACT IN CASE OF EMERGENCY:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Telephone: AM ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PM ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand all paperwork. I have completed all portions of this application, including the medical statement and travel forms. While involved in this outreach I will abide by the spirit, rules and schedule of Scott Hinkle Outreach Ministries.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **PLEASE MAKE ALL CHECKS PAYABLE TO S.H.O.M**

**ADULT PARTICIPATION RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in consideration of participation in the activities and programs at The Rock Family Worship

Center and/or Scott Hinkle Outreach Ministries, intend to be legally bound hereby waive, release and forever discharge The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries, their officers, agents, employees, independent contractors, and all representatives from all rights, demands, claims, causes of action, damages, or inquiries which I may have at any time arising out of my condition to engage in the programs at The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries.

I attest and verify that I have full knowledge of all risks and agree to assume the risk involved in the programs and that I am physically fit and sufficiently able to participate.

I certify and affirm that I have been completely and thoroughly informed that attending The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries programs, I will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors; 5. Travel by automobile;
2. Sports, both informal and organized; 6. Activities around water, including swimming/boating
3. Use of recreational equipment; 7. Hiking, camping and

4. Outreaches to urban, suburban or rural areas 8. Construction and maintenance projects.

I acknowledge and understand that The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries may offer activities not listed above that present similar risks or dangers to me.

I consent to my participation in these activities. I acknowledge and understand that this **PARTICIPATION RELEASE** has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume all risk in connection with said activities for any harm, injury, illness or damages that may befall me as a result of my participation in the activities, whether foreseen or unforeseen, and still with to proceed with the activities.

I acknowledge and agree that The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries shall not be held liable in any way for any occurrence resulting directly of indirectly from these activities that result in injury, illness, death, or any other damages to me, or my family, heirs, or assigns. In consideration of me being allowed to participate in these activities. I hereby personally assume all risk in connection with said activities, for any harm, injury, illness or damage that may befall me, my family, heirs, or assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries from all liability whatsoever for personal injury, illness, property damage or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this **PARTICIPATION RELEASE** shall constitute a bar to any recovery by me, my family, heirs, or assigns in all suits and actions that may be instituted against The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries, its agents, servants or employees for injuries or death to my child, whether or not same resulted from the negligence of The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries, its agents, servants, or employees, or due to my negligence, or due the risks ordinarily incident to my participation in these activities, or due to contributory negligence on my part.

I understand that is my obligation to inform the management of The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries of any and all health considerations or medical conditions that would restrict my participation in any and all activities involving The Rock Family Worship Center and/or Scott Hinkle Outreach Ministries or their programs.

I have fully informed myself of the contents of this **PARTICIPATION RELEASE** by reading it before I signed it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT NAME** **EMERGENCY PHONE NUMBER** **RELATIONSHIP TO YOU**