



POWER OF ATTORNEY :: Calvary Chapel Kendall

TO ALL PERSONS, be it known that I, _____, individually, of _____, Miami, Florida, _____ (address), (_____) _____ (contact phone), as GRANTORS, do hereby make and grant specific powers of attorney to JOSE CASAS and BELKIS CASAS of 16435 S.W. 117 Avenue, Miami, Florida 33177 and appoint and constitute said individuals as our attorneys-in-fact.

Our named attorneys-in-fact, shall have full power and authority to act for all purposes and in all circumstances on our behalf and in our stead as if they were the parents or legal guardians of our minor child, _____, date of birth _____.

Our named attorneys-in-fact shall have full power and authority to take our minor child, _____, in the State of Florida and abroad. The authority granted shall include such incidental acts as are reasonably required or which are as a result of and arising from any incident which might take place from _____ through _____ (dates of camp) or such act that is deemed necessary to carry out the specific authorities and duties stated or contemplated herein.

Our attorneys-in-fact agree to accept this appointment subject to its terms, and agree to act and perform in said fiduciary capacity consistent with our best interest as our attorneys-in-fact deemed advisable, and WE thereupon ratify all acts so carried out.

Signed under seal this _____ day of _____, _____.

WITNESS:

Parent's Signature

Print Parent's Name

Jose Casas, Youth Pastor - Calvary Chapel Kendall

Belkis Casas

STATE OF FLORIDA)
)SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ who is personally known to me or Produced Identification (*type and number of identification provided*) _____.

Notary Public State of Florida

Print Notary Public Name

My Commission Expires:

_____ Personally known

_____ Did Take an Oath