

SR. HIGH FALL RETREAT PRESB WHAT!?

Camp Krislund, November 14-16, 2008

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COST:

\$75 (both nights)

\$55 (Saturday night only; one adventure activity)

* Sorry, \$25 of the retreat fee is non-refundable if cancellation occurs within 72 hours of the event.

DEADLINE:

Please turn in money and permission slip by October 26, 2008

* May be turned in to Eli McCulloch at fellowship, her mailbox, or mailed to the church office

* Minimum number of youth needed: 13

TIME:

Meet at the church at 6 pm on Friday, November 14

Return to the church around noon on Sunday, November 16

* If you need to leave on Saturday at noon, please indicate so on your permission slip. We will need to find drivers for this and determine how many youth need to come up on Saturday.

ACTIVITIES:

Climbing wall and ropes course

FRIENDS:

Friends are welcome! They need a Derry emergency medical form as well.
(Available at www.derrypres.org and youth bulletin board..)

QUESTIONS:

Eli McCulloch, 533-9667 *104

PACKING LIST:

sleeping bag, pillow
towel, toiletries
two pairs of warm shoes
flashlight
snack to share
Bible
warm clothing for two days - layer!
rain gear
games and sports equipment (optional)

*** RETURN ENTIRE PAGE ***

Parents. we need your help! Please indicate if you would be willing to help with retreats in any of the following ways:

_____ Grocery shopping before the retreat. (About 2 hours. Can be done Friday or Thursday before.)

_____ Chaperoning at the retreat for one or two nights.

Youth, please indicate if you plan on attending the retreat:

_____ two nights

_____ one night (If you can only come one night, please say when you will be available on Saturday.)



I do hereby give _____ permission to attend **THE FALL RETREAT** with the youth of Derry Presbyterian Church on **NOVEMBER 14-16**. My child has permission to ride in the church van with Eli or another adult from Derry Presbyterian Church. If my child becomes ill or sustains injury during this event, including transit, I give my permission for those in charge to administer emergency first aid. I also consent to necessary emergency diagnosis and treatment, to include hospitalization, upon the advice of a duly licensed physician and/or surgeon.

Signature of Parent or Guardian: _____ Date: _____

Emergency Phone Number: _____

Special instructions/considerations: _____

NOTE: If you have not completed a Youth Emergency Medical Information Form, or if any of your child's information has changed, please fill out another form (available on the youth board in the fellowship hall) and return it to the church office prior to the event.

I agree to abide by the rules and participate fully.

Signature of Youth: _____

Date: _____