



FALL RETREAT 2016



Nov. 11-13 – Siloam Springs, AR
Registration/Parent Permission Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Birth date _____ Age _____ Grade _____ T-Shirt Size _____

Emergency Contact Information:

Emergency Contact _____

Relationship _____

Phone (home) _____ Cell # _____

Parents: I recognize the authority of all adult Youth Staff as those who will supervise this event and uphold proper conduct. If my son/daughter cannot respect the authority of the Youth Staff or is a danger to others or themselves, than I understand that I will be responsible for picking-up my student from the Fall Retreat in Siloam Springs, AR and transporting him/her home.

My son/daughter has my permission to attend Winter Retreat 2016 in Siloam Springs, AR.
(NOTE: Valuables should be left at Home)

Parent/Guardian Signature _____ DATE _____

REGISTRATION DEADLINES/COST
REGISTRATIONS RECEIVED ON/BEFORE OCT. 30th - \$100
REGISTRATION RECEIVED AFTER OCT. 30th - \$125



What to bring. . .

Fitted sheet for bunk bed and blanket/sleeping bag, Pillow, Towel, Sunscreen, Bug Spray, Toiletries (deodorant, toothpaste, toothbrush, shampoo, soap, etc), Warm clothes, One "I don't care if this gets messy outfit," Tennis shoes, Bible, Pen, and notebook, Snacks (optional).

LEAVING – FRIDAY, November 11, 2016

CHECK-IN STARTS - 5 pm DEPARTURE TIME – 5:30 PM

RETURNING – SUNDAY, November 13th - Around 12 pm

WE WILL CONTACT PARENTS WITH A MORE PRECISE RETURN TIME THAT DAY.