

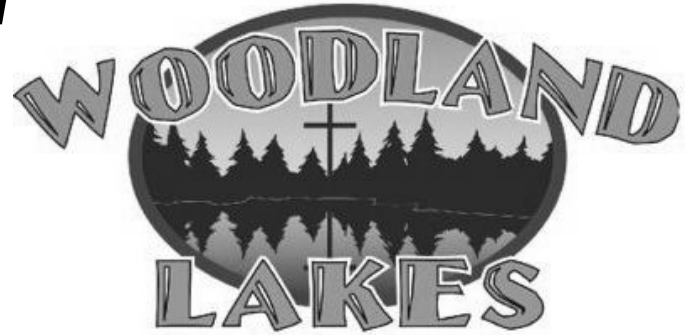
Epiphany UMC Student Ministries
6635 Loveland-Miamiville Rd.
Loveland, OH 45140



Epiphany UMC Youth Ministries

EPIPHANY UMC YOUTH MINISTRIES PRESENTS:

Confirmation



Christian Camp & Retreat Center

3054 Lindale - Mt. Holly Road
Amelia, Ohio 45102
513.797.5268

Retreat!

March 13-14, 2020

EPIPHANY UMC YOUTH MINISTRIES
CONFIRMATION RETREAT 2020

A special Confirmation Retreat where you will discover what it means to be United Methodist. We will have time for fun, eating, learning and getting to know each other!



DETAILS:

The total cost is **\$50.00**.

Final deadline for registration and \$20 down-payment is Sunday, March 8

- 40 spots have been reserved for the weekend. We want some mentors to come also. Let me know ASAP so I can make sure we have enough beds to accommodate everyone,
- The van will be leaving the church on Friday evening by **6:00 PM** (we will have pizza in the youth room before we leave.)
- We will arrive back at the church on Saturday by **4:00 PM**
- Make checks payable to: EPIPHANY UNITED METHODIST CHURCH
- Please return registration form and money in metal box beside Scott's office door. Enclose both in the envelopes provided by the box.

WHAT TO BRING:

CLOTHES	FRIZBEES	A GREAT ATTITUDE	GAMES
PILLOW	TOWEL	WARM CLOTHES	TOILETRIES
PEN	BIBLE	NOTEBOOK	SLEEPING BAG

DO NOT BRING:

TABACCO PRODUCTS	ALCOHOL PRODUCTS	ILLEGAL STUFF	PRANK STUFF
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We will be learning the basic UNITED METHODIST history & theology!

Activities will be from 1:00-3:00PM on Saturday!
 My cell is 513-600-4790 Please use for **EMERGENCIES ONLY!**

EPIPHANY UMC YOUTH MINISTRIES
CONFIRMATION RETREAT 2020

Please have this form signed by your parents and return to us with your **\$20.00 down payment by Sunday, March 8. Mentors must fill one out also if they are planning on coming on the trip.** Make checks payable to Epiphany United Methodist Church.

Name _____

Street Address _____

City _____ Zip _____

Home Phone _____ Emergency Phone _____

I, _____, being the legal guardian of
 (Participant's Parent/Legal Guardian)

_____, give my permission for
 (Participant)

him/her to go to Woodland Lakes Christian Camp and Retreat Center under the direction of Epiphany United Methodist Church Student Ministries.

I hereby release Epiphany United Methodist Church and Woodland Lakes, and their staff and leaders, from responsibility and liability for any injury or illness my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signed: _____ Date: _____

Specific medical allergies, illness, meds or other conditions:

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