

# THRIVE STUDENT MINISTRY

# FALL RETREAT

NOV 8-10, 2024

## IMPORTANT DATES

### Sign Up Deadline:

October 30th

### Leave for Retreat:

Nov 8 at 5:00pm

### Return from Trip:

Nov 10 at 12:00pm

## LOCATION

Camp Wilderness

Adventure at Eagle Landing

11176 Peaceful Valley Rd.

New Castle, VA

540-864-6792

## WHAT TO PACK:

- Blanket and/or Sleeping Bag (Linens are provided by camp.)
- Flashlight or Headlamp
- Bible and journal/pen
- Toiletry Items (Towels are provided by camp.)
- Shoes for Adventure Course (sneakers) and back-up shoes.
- Any medication needed for your child. Please contact Whitney if Rx medicine needs to be given while at camp.
- Reusable Water Bottle
- Clothes that can get messy and are **WARM!**

## THEME FOR THE WEEKEND: TELL ME A STORY

**COST FOR THE TRIP: \$100**

-Money will also be needed for dinner on the way to camp  
(fast food) Friday night

## QUESTIONS?

[whitney@vintonbaptistchurch.org](mailto:whitney@vintonbaptistchurch.org)

919-612-2973



## REMINDERS

Please let Whitney know about any allergies or dietary needs before October 23rd!  
Meals are provided by WAEL.



# THRIVE STUDENT MINISTRY

## FALL RETREAT SIGN UP SHEET

### STUDENT INFORMATION

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I'm coming as a friend! My friend is: \_\_\_\_\_

T-shirt Size (Long Sleeve Shirt or Sweatshirt- Available in Adult S-3XL): \_\_\_\_\_

### IMPORTANT INFORMATION:



Does your child have any allergies, food intolerances, medications or medical conditions we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

\*I give permission for my child to be photographed and their image to be used in worship slides, church website, or social media re: this event. \_\_\_\_ Yes \_\_\_\_ No

\*I give permission for my child to ride in the personal vehicle of church leaders who have received background checks and screenings. \_\_\_\_ Yes \_\_\_\_ No

2024 VBC Medical Form attached. \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Already on file.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOVEMBER 8-10, 2024 AT CAMP WILDERNESS ADVENTURE**