

TELL. SHOW. BE.



WORSHIP BY MOSTELLER



ZAC OWENS SPEAKING



March 30 - April 1

Pick up Mosteller's EP free at noisetrade.com/mosteller

\$85

REGISTRATION PACK

This Spring the Ignite Retreat is headed to Butler Springs Christian Camp (www.butlersprings.com). A team of leaders are coming together from several local churches and have planned an amazing weekend featuring WORSHIP | SPEAKING | ADVENTURE ACTIVITIES | COMPETITIONS | COFFEE HOUSE | & SO MUCH MORE. Take a moment and fill out the attached registration form and turn it in along with your check for \$85 to register for this year's retreat. Please be sure to turn your registration in to your youth leader by March 12th. Any form handed in after the 12th will have a \$10 late fee. Look for more info about transportation coming from your local Student Minister.

TELL. SHOW. BE.

This year we will dig into the idea of sharing a message. We want to equip students to be able to tell others about what God is doing in their life. We want to empower students to show the world the love of Christ. We want this generation to be exactly who God is calling them to be.

Please make checks payable in the amount of \$85 To the church you will be attending with. For church names please refer to the list to your right. If you have questions please contact the Student Minister from the church you will be traveling with. Forms may be turned in to Student Ministers no later than March 12th. Any form handed in after the 12th will have a \$10 late fee.

March 30 - April 1

What To Bring

- Sleeping Bag , Pillow, Warm Blanket, Shower Items & Towels
- Warm Clothing, Clothing To Get Dirty
- Clothing That Promotes Modesty
- Bible, Pen, Journal, Notebook, Flashlight, Warm Hat

What To Leave Behind

- Weapons, Knives, Guns
- Drugs, Tobacco, Alcohol
- Electronics, MP3, CD, PSP, DS, *Cell Phones
- Fireworks, Lighters, Explosives
- Animals or anything else you think might get you sent home.

*We do not want to find you making calls or texting friends while on the retreat; you can do that when you get home. The idea is to get away for a few days to focus on God.

For more information about the **IGNITE RETREAT** please contact:

Kevin Smith—Bright Christian Church
(812) 637-3388
kevin@brightchristian.org

Jon Batch—Dearborn Hills UMC
(812) 637-3993
jbatch@dhumc.com

Kyle Dickerson-Allensburg C of C
(937) 364-2962
kyle_02_rev@yahoo.com

Kyle Cannon—White Oak Christian Church
(513) 385-0425
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Ben Siemon—Felicity Christian Church
(513) 319-2670
bsiemon@mac.com

Check out www.igniteretreat.blogspot.com for more information...



PARENTAL PERMISSION AND MEDICAL RELEASE FORM

IGNITE RETREAT

March 30-April 1, 2012

Son/Daughter's Name _____ Male _____ Female _____

Home Address _____

Home Phone _____ Date of Birth _____

Parent's Cell Phone #s _____

Email _____ Home Church _____

Current Medications _____

Allergies _____

Any Adverse Reactions to Medication _____

Regular Doctor _____ Phone # _____

Regular Dentist _____ Phone # _____

Medical Insurance Co. _____ Policy # _____

_____ (youth's name) has my permission to attend all officially scheduled youth group activities of the _____ (Church Name) and to be transported in a _____ (Church Name) vehicle or one so designated by church personnel. This release is valid for a period of one year from the date signed below.

I understand that the Bright Christian Church is making every effort to assure a safe and enjoyable activity for my child and safe transportation to and from. Yet, in the event that my child becomes ill or sustains an injury while attending an officially scheduled youth activity, I do release and hereby agree to hold blameless Bright Christian Church and its representatives from any liability or claims against them. I, the undersigned, give my permission to take whatever steps are necessary to stop any bleeding and to administer first aid. In the event of an emergency, I also consent to X-rays, anesthetics, medical or surgical diagnosis and treatment, hospital care, and the administration of drugs or medicine to be rendered to my child under the care of a licensed physician and/or surgeon. I understand I am responsible for all medical expenses incurred in the case of a medical emergency.

Signature of Father, Mother or
Legal Guardian

(Date)

If unable to reach parent/guardian please contact:

Name _____ Phone _____ Relationship _____