

Registration

It is important you complete ***all*** of the registration information below.

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Church Name: _____

Church City: _____

Age: _____

Male: _____ Female: _____

I will attend (check one)

Moon Beach Oct 8-10, 2010 _____

Camp Pepin Oct 22-24, 2010 _____

Scholarship Needed? _____

Are you attending as a chaperone? _____

Is Chaperone Male _____ Female _____

Parents permission needed.....may your child be included in a "YouTube" Presentation?

Yes _____ No _____

Please return this registration form, medical release statement, and your payment to your church who will then make one check for all registrations payable to The Northwest Association of the United Church of Christ.

Post Mark Registration Deadline

Friday, Oct 1, 2010 for Moon Beach

Friday, Oct 15, 2010 for Camp Pepin

WHAT YOU NEED TO KNOW

Cost of Camp

The cost of the camp is \$98.00 per individual, paid to your local church, who will make one check payable for all registrations to the Northwest Association of the United Church of Christ. This check, with all individual registration forms is due by the appropriate postmark date found on the registration form.

Scholarship Assistance

\$20.00 is available for students and chaperones upon request on a first come first served basis until scholarship funds have been exhausted. Please contact the Northwest Association Office or Rev. Phil Schneider, the Confirmation retreat Coordinator, with any questions regarding scholarships. Rev. Phil Schneider can be reached at 715-842-3733 or pastorpcs@hotmail.com

Safe Sanctuaries

The NWA follows the Wisconsin Conference Safe Sanctuary Guidelines.. Our goal is to provide a safe environment for all youth who are entrusted to our care. Therefore as a Chaperone, you must complete and return the form, "Covenant of Relationship for People Working with Children and Youth". This form can be obtained from the Northwest Association Office or can be downloaded from the NWA website at: <http://nwaucc.org>.

Churches' responsibilities

Home church responsibilities include sending forms and money in on time, providing one adult chaperone for every five students (remember, each church must have male and female chaperones if you have male and female student). Each church will also need to provide a snack for the "Snack Kitty."

2010 CONFIRMATION RETREAT

for the
NORTHWEST ASSOCIATION
of the
WISCONSIN CONFERENCE
of the
UNITED CHURCH OF CHRIST

October 8-10, 2010
Moon Beach

October 22-24, 2010
Camp Pepin

"FOLLOW ME"



This event is sponsored by:
THE NORTHWEST ASSOCIATION DIVISION ON
MINISTRY IN THE LOCAL CHURCH

HOW DO WE FOLLOW JESUS in 2010?

Spiritually...
Physically...
Emotionally...
Culturally...
Morally...

The Mission of the Church
is to Follow Jesus!

How do we, as Disciples of
Jesus Christ
live that Mission?

How do we, as members
of the church witness
to the life and love of
Jesus Christ?

**Come And
Follow Me!**

Let's seek life's questions together.

"FOLLOW ME"



Confirmation of your registrations will be mailed to your church along with a schedule of events and directions to the camp of your choice.

Registration at both retreats begins at 7:00 pm on Friday evening, with the program beginning promptly at 8:00 pm.

Both retreats conclude on Sunday at 11:30 am.

Send your completed registrations and Medical Release Statements with one check from your church made payable to:

Northwest Wisconsin Association
United Church of Christ
1235E Menomonie Street
Eau Claire, Wisconsin 54703-5974
715-834-6530
office@nwwaucc.org

Please note:

Each church group attending should send all registration material in one envelope. The entire fee of \$98.00 per individual is due with your registration, of which \$25.00 is non-refundable.

Medical Release Statement

I give my permission and consent for my child's participation in the Northwest Association's confirmation retreat at Moon Beach or YMCA Camp Pepin.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia or to order medication or surgery for my child.

My child does not have any medical problems or physical disability, nor is she/he allergic to any medications except for the following:

Signature of Parent/Guardian:

Date: _____

Emergency Contact Information # 1:

Name: _____

Phone: _____

Phone 2: _____

Emergency Contact Information # 2:

Name: _____

Phone: _____

Phone 2: _____

