



Elevate Student Ministry

Winter Retreat 2015

February 27-March 1, 2015

Elevate Student Ministry

WINTER RETREAT 2015

WHERE: Black Rock

Quarryville, PA

If you would like to see what it is like check out their website:

www.blackrockretreat.com

WHEN: February 27-March 1, 2015

Meet @ the church Friday, February 27 @ 4:15pm

We will be back Sunday, March 1 around 4:00pm

COST: \$120 (This covers ALL of your expenses for the weekend)

-All meals and snacks

-Lodging at Black Rock

-Journal

-Guest Speaker

-Travel to get there

IMPORTANT DATES:

-Wednesday, January 7th

- \$20 Deposit and Permission Form due

-Wednesday, January 21st

- \$50 Payment Due

-Wednesday, February 11th

-Final \$50 Payment Due

WHAT TO BRING:

- Sleeping Bag**
- Pillow**
- Toiletries**
- Towel**
- Clothes for the weekend (remember this is a WINTER retreat)**
- Bible**
- Snack to share**

WHAT NOT TO BRING:

- Bad attitude**
- Inappropriate clothing (which includes immodest or offensive pics/writing on shirts)**
- Illegal drugs (legal drugs are to be given to an adult sponsor to regulate)**
- Alcohol**
- Tobacco Products**
- Weapons of any kind (and no your body is not a deadly weapon)**

Expectations:

By going on this event you agree to respect the adult leaders and fellow students. You also agree to follow rules and instructions given by the adult leadership team. If you fail to do so the leadership team reserves the right to send you home, and you will not be refunded the cost of the event.

**Any questions contact Pastor Derek @ 330-340-6678 or
email at**

pastorderekparson@gmail.com

Elevate's Winter Retreat 2015

Permission Form

February 27-March 1, 2015

I, _____ (parent/guardian), give permission for my student,
_____ to take part in this year's trip to Elevate's Winter Retreat at
Black Rock Retreat in Quarryville, PA sponsored by the Student Ministry of the Laurel Church
of the Nazarene in Laurel, DE.

Recognizing the possibility of injury en route, during and returning from this event, I hereby
release from any and all liability the Student Ministry of the Laurel Church of the Nazarene, The
Laurel Church of the Nazarene, and any adult sponsors of Laurel Nazarene Student Ministries if
such injury should occur. I also give my permission **Pastor Derek Parson, or any adult
sponsor** to approve any emergency medical treatment deemed necessary and have included my
medical insurance information below. I understand that I will be contacted as soon as possible if
my student is injured.

I recognize that my student will be riding with adult sponsors and will be expected to remain
under their supervision during the event and during their stay.

_____ (Parent/Guardian Signature) _____ (Date)

Name of Student: _____

Emergency Contact person: _____

Emergency Contact Phone: _____

Student Insurance Information:
