

# CYF FALL RETREAT

Camp Caroline

September 29 - October 1, 2017

Arapahoe, NC

## CYF Fall Retreat 2017

Cost: \$90 (\$75 for RCYW)

Scripture: Galatians 6:4-5

Weekend Theme: Stop Hiding Behind Your Masks

Sometimes we hide behind masks to prevent others from seeing who we truly are. This weekend we will learn that trusting in the Lord will give you the courage to take off that mask because you are created perfectly in His image.

Event begins on Friday at 8 PM and ends on Sunday at 10 AM

## What To Bring

- Bible
- Toiletries, towels
- Sleeping bag OR blankets
- Twin XL sheets
- Pillow
- Clothing (it'll be cold at night)
- Water shoes for sailing
- money (offering, snacks, Camp Caroline t-shirts, etc.)

**Return this form along with your fees made payable to:**

**Christian Church in NC  
PO Box 1568  
Wilson, NC 27894**



## Registration Information

I am an adult sponsor \_\_\_\_\_ (adults will be asked to help in cabins and small groups)  
All churches should send ONE adult for every FIVE youth

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Grade: 9 10 11 12

Date of Birth: \_\_\_\_\_ Gender: M / F

Email: \_\_\_\_\_

Church: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

General Health: \_\_\_\_\_

Limitations: \_\_\_\_\_

Special Diet (food allergies): \_\_\_\_\_

Medications Needed at Event: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

**Parental Consent:** I hereby authorize the counselors to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that all the medical information given is accurate and up to date; I agree to notify the region if any medical change occurs before this event.

Parent Signature

Date

Emergency Contact Person

Phone #

Contact Luke Miles [luke@ncdisciples.org or (336) 202-1354] if you have any questions.