

YOUTH TRACK GRADES 7-12

It's time to register for the annual **PK/MK RETREATS!** We are offering two special retreats for our District PK's and MK's - one for those currently enrolled in grades seven through twelve, and one for those in grades two through six! Both retreats will meet at the same time at the Bongiorno Conference Center, but participants will be housed separately and will have different programs. The dates are **October 22-24th**.

Here are the details for the **YOUTH TRACK:**

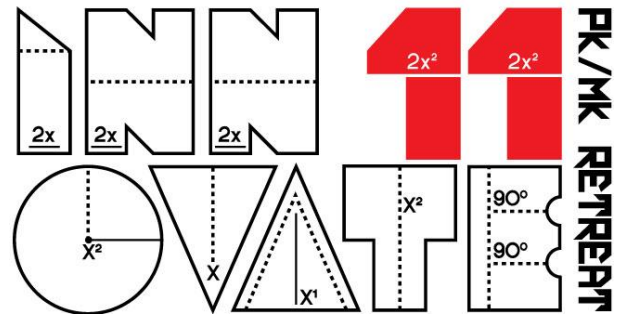
WHO IS PK/MK RETREAT FOR? Children of ministers who are credential holders in the PennDel District of the Assemblies of God.

ARRIVAL & DEPARTURE TIME: PK/MK Retreat begins on **Saturday October 22nd** with **registration at 2:30-3:00 p.m.** located in the Tabernacle lobby. The first meal served will be supper on Saturday. The retreat will conclude on **Monday October 24th** with the pick up at 11:00 am (no lunch will be served). All PK's & MK's attending should be a part of the entire retreat, arriving at 2:30pm on Saturday and leaving at 11:00am on Monday. (School absence excuse letter can be provided upon request.)

COST FOR THOSE WITH AG CREDENTIALS: There is no charge for children of credential holders of the PennDel District.

COST FOR NON-AG CREDENTIALLED MINISTERS: If you are a pastoral staff member at an Assemblies of God church and DO NOT have credentials with the PennDel District Council of the AG, your child(ren) may attend for \$91.00 per child. Please include a check made payable to the **PennDel District Council** with your registration.

REGISTRATION: Attendance at the PK/MK Retreat is by advance registration only. To register you must use the provided registration form (due to the medical release). Additional forms are available from the District Office.



REGISTRATION DEADLINE: All registrations must be postmarked by **October 7th**. Please register as soon as possible to guarantee your spot. Those not registered on time cannot be accepted for the retreat. If, for any reason, you should discover that you are unable to attend, please notify the District Ministries Center immediately at 717.795.5921 or email tina@penndel.org.

WHAT TO BRING: Bible, notebook, pen or pencils, pillow, sheets, blanket or sleeping bag, money for pizza, toiletries and personal items, towel and wash cloth. Bring casual clothing for the entire weekend and warm clothing for all activities. Bring an alarm clock and camera since **cell phones are prohibited** during the retreat.

WHAT NOT TO BRING: Please do not bring any items that would be detrimental to the facility or to others present. Included would be any kind of "hi-jinx" items, tobacco, drugs, fireworks, smoke bombs, etc. Also, students should not bring radios, mp3 players, CD players, iPods, **CELL PHONES**, etc. You may bring sports/recreation equipment for free time activities, but do not bring any valuable personal items.

QUESTIONS? For questions regarding the **YOUTH TRACK**, please contact the Youth Ministries at 717.795.5921 or by emailing tina@penndel.org

PLEASE READ ALL INFORMATION CAREFULLY

2011 PK/MK Retreat **YOUTH** Registration Form

(Use this form for grades 7-12 **only** please)

YOUTH # 1 Name: _____ Grade: _____ Age: _____ Sex: _____

List any medical problems: _____

YOUTH # 2 Name: _____ Grade: _____ Age: _____ Sex: _____

List any medical problems: _____

YOUTH # 3 Name: _____ Grade: _____ Age: _____ Sex: _____

List any medical problems: _____

Parent Name(s): _____

Credentials Held: Ordained ___ Licensed ___ Certified ___ Provisional ___ None ___ (check enclosed)

Email Address: (For confirmation of registration) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Church: _____ **City:** _____ **Phone:** _____

Write any additional comments on back.

PARENTAL PERMISSION:

I hereby give permission for our child(ren) to attend the 2011 PK/MK Retreat. Also, our child agrees to abide by the rules and guidelines as established by the retreat Director. Furthermore, we consent for our child to be treated by authorized personnel for sickness, accident, or injury which may occur, and the release of medical information to the health insurance carrier.

Insurance Co. _____

Policy Number: _____

Policy Holder: _____

SIGNATURE OF PARENT

If you have more than 3 children (grades 7-12) to register, make a copy of this form and write in the additional names on a second form.

Clip and return – postmarked by **OCTOBER 7th** to: **YOUTH PK/MK Retreat, 4651 Westport Drive, Mechanicsburg, PA 17055**