

BLACK ROCK
1345 KIRKWOOD PIKE
QUARRYVILLE, PA 17566
Phone: (717) 529-3232

BUS LEAVES:

FRIDAY, FEBRUARY 14, 2020 @ 7:30PM

BUS RETURNS:

SUNDAY, FEBRUARY 16, 2020 @ 10PM

THINGS TO BRING:

- BIBLE (physical, phones count as a secondary)
- Toiletries (towel, toothbrush, toothpaste, deodorant, etc.)
- Beddings (pillow, sleeping bag, and/or bed sheet and blanket)
(THE CAMP DOES NOT SUPPLY SHEETS!!)
- Medication (for asthma, allergy, headache)
- Layered and comfortable clothing (shower slippers, sweater/ jacket)
- Sneakers/Running Shoes
- Writing Material (pens, pencil, paper or notebook)

THINGS NOT TO BRING:

- Bad Attitude
- Stubbornness
- Shyness

Please dress appropriately for
the Winter weather.



For More Information Please Contact
Good Tidings Youth Leaders:

Hammisha Brooks

Javir James

Omar Mason..... 347-460-6404

Richard Greenidge II.....516-426-2287

Ronald Agard

Warrington (Sammy) Chapman

Leonora (Lilly) Squires

To Parent/Legal Guardian:

_____ wishes to participate in Good Tidings Youth Group activities. These activities will take place under the guidance and direction of Good Tidings Youth Leaders and volunteers of Good Tidings Youth Group. These activities will involve Christian-centered talks and discussions, sports activities (e.g. basketball, games), counseling and singing. If you desire your son/daughter/individual under your guardianship to participate in Good Tidings Youth Group events or activities, please complete, sign and return this statement of consent and release liability by the time of registration at the event location. As a parent and/or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participants. I understand this consent can be terminated by me any time in writing.

STATEMENT OF CONSENT AND RELEASE OF LIABILITY

I hereby consent to the participation of

_____,
my son/daughter/individual under my guardianship, in Good Tidings Youth Group events and activities described above. I fully understand that these events and/or activities will be under the supervision of the designated Good Tidings Youth Leaders and volunteers. I also give consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment at the following phone numbers:

Day: _____ Night: _____

Medical Insurance: _____

Policy/Group #: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

BLACK ROCK
1345 KIRKWOOD PIKE
QUARRYVILLE, PA 17566

Theme:
"KEEP THAT SAME ENERGY"

Guest Speaker: **DEAN HART**
(Atlanta)

Registration fee: **\$30**
Total Cost

Adults..... \$130
Ages 11 & Under..... \$100

Make checks payable to Good Tidings Gospel Chapel

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Birth Date: _____ Age: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Name of Parents/Guardians: _____

Home Phone: _____

Work Phone: _____

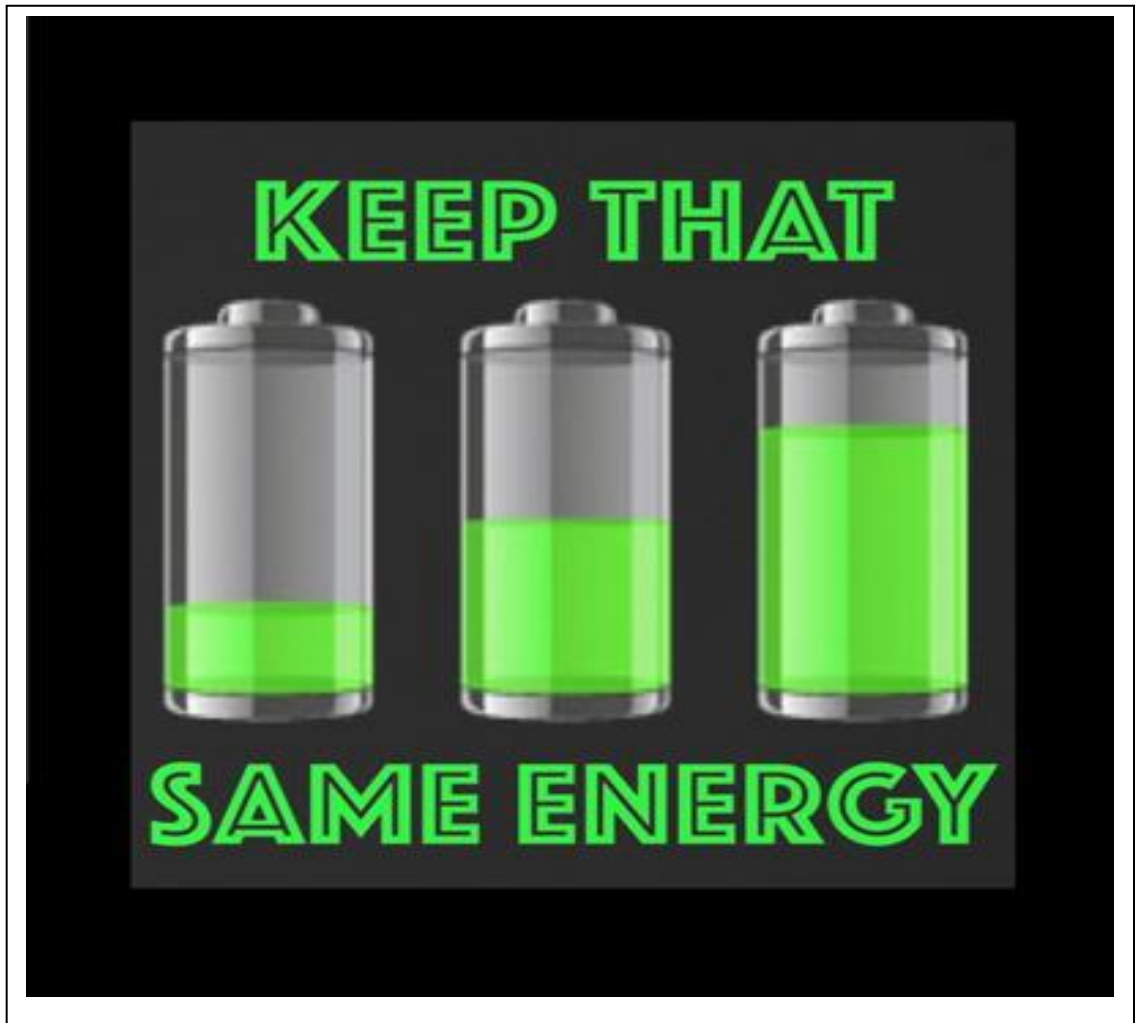


GOOD TIDINGS GOSPEL CHAPEL YOUTH GROUP PRESENTS:

HOSTED BY:



Black Rock Retreat



Guest Speaker: DEAN HART