

VIRLINA DISTRICT SENIOR HIGH YOUTH & IYC RETREAT **February 3 and 4, 2018**

“Who do you say I am: What would it look like if Jesus came back today?”
(Mark 8:27-30, Matthew 16:13-16 and Luke 9:18-20)

Who: All senior high youth in grades 9 - 12 (friends are welcome!)

What: Join us for this annual retreat led by the Bridgewater College Interdistrict Youth Cabinet. The IYC members are Jeremy Hardy, Michael Biddle, Jenna Walmer, Kasey Carns, Amelia Gunn and Chad Whitzel.

When: Saturday, February 3, 9:30 a.m. through Sunday, February 4, after lunch (1:00 p.m.) Registration begins at 9:30 a.m. Retreat begins at 10:00 a.m.

Where: Henry Fork Church of the Brethren (130 Doe Run Road, Rocky Mount, VA 24151)

WHAT TO EXPECT

Members of the IYC will lead participants in “ice-breakers” and three different sessions on this year’s theme. Henry Fork is very involved in helping their community, which might leave time for service project opportunities. There will be time for connecting with friends as well as getting to know others. Come prepared to learn, explore, laugh, connect and study!

WHAT TO BRING TO THE RETREAT

Sleeping bag, pillow, personal items, suitable clothes for Sunday worship, a Bible, work clothes that can be worn outside & snack to share

COST AND REGISTRATION INFORMATION

The cost is \$10.00 per participant. Congregations sending youth should also send an adult advisor. Complete the attached registration form for all participants! Need more forms? Visit www.virlina.org to download and print extras.

SENIOR HIGH YOUTH & IYC RETREAT REGISTRATION FORM

To register: Complete this form and mail it with your \$10 registration fee to **Virlina District Resource Center, 3402 Plantation Road NE, Roanoke, VA 24012**, with your check made payable to *Virlina District* ("Sr. High Retreat" in memo line), no later than **January 28, 2018**.

Name: _____ Grade: _____ M ___ F ___

Parents' Names: _____

Phone: _____ Email: _____

Address: _____

Congregation: _____

Do you have an advisor? Y ___ N ___ Advisor's Name: _____

ALLERGIES: List all known allergies, describe your child's reaction and the best management of the reaction.

MEDICATIONS BEING TAKEN: Please list ALL medication that your camper will take while at the retreat.

<u>MEDICATION</u>	<u>DOSAGE/TIME TAKEN</u>	<u>REASON</u>

RESTRICTIONS: Please list any dietary restrictions or restrictions to activity.

Senior High Overnight Covenant:

I understand and sign that this is a spiritual and fun-filled retreat that requires the full participation and cooperation of each person involved. I commit to bring willingness to share, a desire to participate in worship, and an open mind to new ideas and expressions of faith. I also agree to follow and respect the schedule and I will not leave until the retreat is over unless prior arrangements have been made with leadership.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____