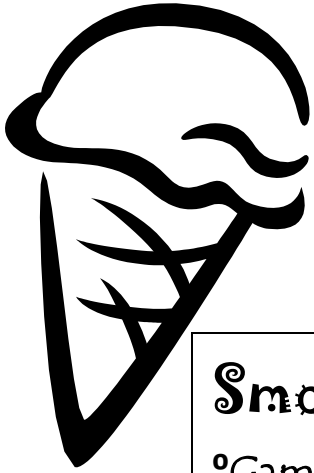


SLM Youth Retreat!

4th-6th Grade * February 20-21



Weekend Theme: Taste and See!

"Taste and See that the Lord is good; blessed is the one who takes refuge in him." Psalm 34:8

Smorgasbord of Activities:

- °Games
- °Worship!
- °Bible Study
- °Fun with Friends!
- °Awesome Counselors
- °SPRONG Fun! (come discover what a sprong is)

Who: 4-6th graders Sign up with a friend! ☺

When: Feb. 20-21, 2009 6PM -6PM

What to bring: Warm clothes for indoors and outdoors, personal items, Bible, sleeping bag & pillow

Cost: \$34 per youth; \$15 non-refundable deposit (included in total cost)

Questions? Contact Kristin at (507) 763-3567 or kristin@shetek.org

2009 4-6 Grade Retreat: Taste N' See Registration

Name: _____ M or F Grade: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Congregation: _____

Cabin Mate: _____

Please return completed registration form, health form (on back) and your deposit to the following address by February 13, 2009:

Shetek Lutheran Ministries * 14 Keeley Island Dr * Slayton, MN 56172

Health Form (must be completed to come)

Emergency Contact: _____ Phone: _____

Does the camper have allergies to any foods, meds, etc? ____ If yes what are they and how do they react?

Medications presently taking(name, dose, time) _____

Immunization History: Diphtheria-Tetnus _____ Date _____ Polio _____ Date _____

Diet Restreictions: _____

Any discouraged activities? _____

Insurance company: _____ Policy&Group #: _____

Address: _____ Phone: _____

In case of medical emergency: I give my permission to the camp to treat my child for minor aches, flu-like symptoms, and injuries with medications approved by the camp's local physicians. I give my permission to the local physician to hospitalize, treat, medicate or perform surgery for my child if I or an alternate cannot be reached.

Signature (adult): _____ Date: _____

