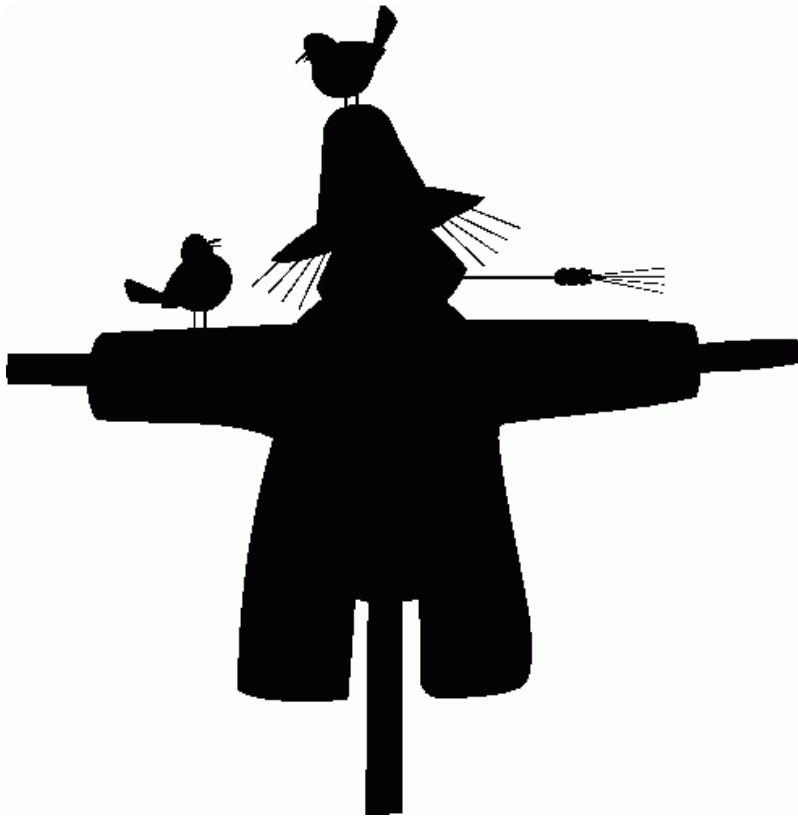


SHETEK LUTHERAN MINISTRIES YOUTH RETREAT!

OCTOBERFEST* 4-6TH GRADE* OCT 2-3



RETREAT THEME VERSE:

ROMANS 8:38-39

RETREAT ACTIVITIES LIKE:

*ACORN SLINGSHOT

*SCARECROW BUILDING

*BIBLE STUDY

*CAMPFIRE COOKING

*NIGHT GAMES

WHEN: October 2-3, 2009 6pm-6pm

WHAT TO BRING: Clothes for outdoors, personal items, Bible, Sleeping Bag, Pillow

COST: \$36 per youth, \$15 deposit (included in total cost)

QUESTIONS: Contact Kristin at 507-763-3567 or kristin@shetek.org

4-6th Youth Retreat: OCTOBERFEST! Registration

Name: _____ M or F Grade: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Congregation: _____ Cabin Mate: _____

Please return completed registration form, health form (on back) and your deposit to the following address by **September 25, 2009**

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

Health Form (must be completed to attend)

Emergency Contact: _____ Phone: _____

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

Medications presently taking (name, dose, time) _____

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

Diet Restrictions: _____

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 contact cannot be reached.

Signature (adult): _____ Date: _____

