

Youth Fall Retreat 2017

Pine Springs Camp

www.pinesprings.org

Friday, November 10th – Sunday, November 12th

Pine Springs is the Christian camping ministry of the Redstone and Washington Presbyteries. The camp is situated on 230 acres of beautiful woodlands in the Laurel Highlands just north of Somerset, Pennsylvania.

Who: Mid High and Senior High youth of First Presbyterian Church and friends

When: Meet at church at 6:00 pm on Friday. We will NOT stop for dinner on the way up so please eat before. We will eat lunch on the way home and should be back around 4:00 pm on Sunday.

Where: We will be staying in Graham Village which has three sets of heated cabins as well as a common meeting area lodge with a kitchen and bathhouse.

Cost: \$125* per person which includes Saturday meals and Sunday breakfast. Please bring money for one fast food meal.

Permission slips and money are due by **November 1st**.

Give signed permission slips and money to Virginia Callegary or leave in box #3 outside the church office.



*We are offering a family discount this year:

1st child - \$125

2nd child - \$100

3rd child - \$75

Turn over for packing list.



Packing List

Weather-permitting we will be mountain biking, hiking and doing other outside activities. You will also have to walk outside to use the bathroom.

- Sleeping bag
- Pillow
- Bath towel
- Extra towel
- Clothes (3 sets)
- Coat
- Gloves
- Hat
- Toiletries
- Shoes suitable for hiking & biking
- Boots
- Helmet (these are provided by the camp but you may bring your own)
- Flashlight
- Water Bottle
- Bible
- Pajamas
- Robe
- Shower shoes
- Money for one fast food meal

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My youth has permission to attend the Mid and Senior High Youth Fall Retreat at Pine Springs Camp in Jennerstown, PA. In addition, I agree to pick up my child, or pay for transportation home if my child's behavior warrants it. Behavior which would warrant being sent home includes the use of alcohol or drugs, failure to participate, failure to respect adults and breaking other rules.

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I (we) cannot be reached, I (we) give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Parent's Signature: _____ Date: _____

Youth's Name: _____ Birth Date: _____

Address: _____

Phone Number: _____

Insurance Company and Policy Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

I, the undersigned, do promise to obey the advisors, respect others' personal belongings, and realize that if I not obey the rules and my behavior warrants it I will be sent home at my own, or parent's expense:

Signature of Youth: _____ Date: _____