

Youth Retreat

Theme: What God's House is for

- When:** February 24th & 25th, 2012
Fri, 6:00 pm arrival at Pastor Steve DeMar's home to Sat, 5:30 pm departure
Those from Salem Bible Church: Departure from Salem Bible Church: Fri 4:30pm
Arrival back at Salem Bible Church: Sat. 7:00pm
For other non-local groups, consult group leader for transportation details and plan to arrive directly at the home of Pastor and Mrs. Steve DeMar at 6:00pm
- Location:** The home of Pastor and Mrs. Steve DeMar: 239 Havenhill Dr., Butler, PA 16001
- Who may attend:** Those 12-18 years old (7th to 12th grade)
- What is provided:** There will be Bible messages, recreation, fellowship, and food. Meals are provided and sleeping accommodations (boys remain at Pastor Steve DeMar's home overnight; girls will depart to separate home for the night).
- What to bring:** Bible, notebook, pencil, change of clothes and a sleeping bag. Dress is casual and should include tennis shoes suitable for gym floor surfaces as well as necessary sled-riding attire. Extra sleds would also be helpful, weather permitting.
- Cost per child:** \$20.00 (includes all accommodations).
Registration forms and money are due at the time of arrival, but it would be helpful if they're received by Feb. 10. **No child will be admitted without a registration form due to possible emergency situations requiring parental permission.**
Please make checks payable to: **SBC-Butler Bible Class, earmark Youth Retreat**
Send To: Pastor Steve DeMar, 239 Havenhill Dr., Butler, PA 16001
- Contact:** Pastor Steve DeMar - Cell: (724) 712-7065 or email: demars8878@yahoo.com
Note: This Youth Retreat is a ministry of Butler Bible Class, a church planting ministry in association with Salem Bible Church

Please detach here

Youth Retreat Registration Form

Male Female

Grade _____ Age _____

Child's Name _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ ZIP _____

In case of an emergency, notify _____ Phone (____) _____

Is the Child/youth allergic to any Medications? _____ List: _____

Is the Child/youth currently taking any Medications? _____ List: _____

IN CASE OF MEDICAL EMERGENCY, I (print) _____, understand that every effort will be made to contact parents or legal guardian of my child. In the event that I cannot be reached, I hereby give permission to the physician selected by the director of the Youth Retreat to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. As legal guardian, I also give permission for the above-mentioned youth to participate in the Youth Retreat on February 24th & 25th, 2012, and to be transported by those adults supervising in the Youth Retreat program.

Signature of Parent or Guardian _____ Date _____