

# 10<sup>th</sup> Grade Retreat Registration

An integral part of the confirmation curriculum, the purpose of the 10<sup>th</sup> grade retreat is to provide a concentrated time for youth to be together as a class, to write their Faith Statements, and to experience what it means to be a vital part of this community of faith. Activities include interactive prayer times, free time to hang out, play games, snack, hike, enjoy a bonfire, and a closing worship with holy communion.

**10<sup>th</sup> GRADE CONFIRMATION RETREAT October 15-16 at Shores of St. Andrew Bible Camp**  
**\*\*Emergency phone at Shores: 354-2961 or 796-2181**

Oct 15 DEPARTURE TIME: 9:00 am Thursday morning. Please be at Vinje by 8:45 am  
Oct 16 RETURN TIME: 10:00am Friday morning

## WHAT TO BRING

Bible & pen or pencil  
Sleeping bag & pillow  
Towel & Wash Cloth  
Walking /tennis shoes (we'll hike)  
Sweatshirt/hoodie or jacket (It will be chilly)  
One change of clothes  
Sleepwear & toiletries (shampoo, toothbrush/paste)

## WHAT NOT TO BRING

CD/DVD players, ipods, mp3, TVs  
(basically anything electronic)  
\*\*Anything you know or can  
guess might be inappropriate  
Cell phones will be turned off

**\*\* Any use or discovery of tobacco, drugs or alcohol will result in a call to your parents and the possibility of dismissal from the retreat.**

Contribution for the Snack Table - *Please note that Shores' Camp Rules dictate: NO food or beverages allowed in luggage, pockets & sleeping rooms (attracts unwanted critters & bugs). If you bring a snack to share with the group, we'll keep it available for free time in the main lodge.*

Parents: Please keep above info for future reference. **Fill out the form below and return to church office by August 19<sup>th</sup>**

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10<sup>th</sup> Grade Retreat October 15 & 16, 2009                      Shores of St Andrew Bible Camp

CONFIRMAND'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_

I, the undersigned parent/guardian, grant my permission, in the case of an emergency where medical treatment is required, to the church staff to obtain the services of a physician. I understand that all attempts will be made to contact me as soon as possible should such an occasion arise. I also understand that if my child should choose to break the guidelines set out for the group that I will be notified to come and get my child.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\$45 Registration Fee enclosed.    Make checks payable to "Vinje Lutheran Church"