

Hey! The Fall Youth Retreat is almost here, and it is going to be AWESOME! It will definitely be a weekend you will never forget.

All the stuff you love about Fall Retreat will be there. It'll be fun, crazy, passionate, deep, wild, a little unexpected, and filled with tons of your friends.

THE facts

We will be meeting at the church Saturday, November 19th at 1:00. We'll return Monday, November 21st at 12:30. The retreat will be at Camp Victory in Cartwright, Oklahoma. The cost of this trip is \$75 which includes everything. All meals and snacks will be provided, so no extra cash is needed.

THI	NG:	s to	bring	use this as	s a checklist v	when packing!!!
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<u>Bible</u> (notice it is bold, italicized, and underlined for empha

- ___Toiletries (shampoo, soap, tooth brush, stuff like that)
- ____Warm Sleeping Bag (or bedding) and Pillow
- ____Flashlight (seriously, don't forget this one)
- Towels
- ___Pack warm. It's going to be chilly
 - Bring your warm jacket, a hat, and gloves (some serious warmth)
- Clothes that can be worn in the woods

THINGS NOT to bring

Tobacco products, vapes/e-cigs, or alcohol (bringing these may result in being sent home) Valuables and nice clothes (no need for fancy clothes, be casual) Leave your electronics at home.

We're going to meet with Jesus, so give your phone a break for the weekend!

--Cameras for pictures are ok! We like pictures! (no you can't use the camera on your phone. No phones.)

If you are not sure, ask!

Any cell phones brought on the trip must be turned in upon departure. They may only be checked out for calling parents. Pastor Jonathan's cell phone will be available for parents to call if there is an emergency. Jonathan's Cell • 817-233-7524

It's going to be a great trip. Get your heart ready and pray that God will do a work in your life.

Turn in the release form and your \$75 ASAP to get signed up. Spots are limited and will be first come first serve. Don't miss out!!!



Amplify Fall Retreat 2022 Activity Release Form

Name of Student	Birthday	//
Grade Sex M F		
Address		
City	State Zip	
Student's Cell ()	_	
Parent/Guardian Name		
Parent Cell ()		
Parent/Guardian Name		
Parent Cell ()		
Emergency Contact (if parent is not available)		
Emergency Contact number ()		
Please list any allergies or important informatio	n we should know about t	he student:
1	(narent er legel guardien	printed name)
I,agree to release Grace Church, its directors, er liability sustained during the Winter Fall Retreat and from the event. I hereby give permission for youth retreat and all activities. I hereby give per doctor or medical facility and authorize medical	nployees, and agents, for , January 19th-21st, and or my child to participate f mission for my child to be	any and all during travel to ully in the said
(Parent or Guardian's signature)		(Date)