ADHESION FALL RETREAT

INDIANA DUNES: STAND STRONG

WHEN: Friday, October 5th – Monday, October 8th

 Depart from Hosanna! @ 5:30pm Friday to Return @ 2:00pm Monday

WHERE: Indiana Dunes in Porter, IN

COST: $60 + money for dinner on the road on Friday.

 *(Contact Valeri for scholarship information)*

PURPOSE: Discover how we can be STRONG IN OUR FAITH through Jesus, and the role we have in building others up. We will explore this idea through Bible study, hands-on activities, and experiencing what the unique landscape of the IN Dunes has to offer.

*(Activities may include but are not limited to: team building activities, hiking, 10 person canoeing, exploring the dunes, etc.)*

WHAT TO BRING:

* **Comfortable clothes –** be prepared for both warm and cool weather & outdoor activities
* **Close-toed walking shoes**
* **Water Bottle**
* **Modest pajamas**
* **Toothbrush/toothpaste + other personal toiletries**
* **Towel**
* **Bible, notebook, pen**

PARTICIPANT EXPECTATIONS:

* **Inclusive of all event participants – no one will be left out**
* **Only positive and uplifting words and conversations**
* **Respect those leading activities by listening and engaging in activities with a positive attitude**
* **Respect lights out time and room assignments for sleeping. Students MUST remain in assigned rooms after lights out unless granted permission from event chaperone.**

CELL PHONE POLICY:

**Students are welcomed to bring their phones to this event. However, please be aware there will be times students are requested to put their phones away during certain activities to help enhance the experience.**

**Parents/Guardians may get in contact with their son or daughter at any time during the event by contacting Valeri Schuberg (Director of Youth Ministries) at (630) 797-6625.**

**PLEASE KEEP THIS FLYER FOR YOUR REFERENCE**

**Contact Valeri Schuberg (Director of Youth Ministries) for more information**

**(630) 584-6434 x 111 or ValeriS@HosannaChurch.com**

**CHECK-IN ON ACTIVITIES DURING THE TRIP BY VISITING INSTAGRAM.COM/ADHESION\_HOSANNACHURCH**

Hosanna! Youth Ministries

FALL RETREAT: INDIANA DUNES

**[October 5-8, 2018]**

Please complete this registration form and return it to the Hosanna! Church office **NO LATER THAN** **Sunday, Sept. 23rd, 2018**.

**General Registration Information (one person per form please):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies or Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participation Consent:**

I hereby certify that I give permission for the individual listed above to participate in the Adhesion Fall Retreat with Hosanna! Lutheran Church during the dates described above. I give permission to participate in all trip activities. The participant listed above has been instructed to cooperate with church leaders and adult volunteers and knows that failure to abide by established rules may result in removal from certain activities and, in some cases, being sent home at our expense. I consent to allow appropriate photographic and/or video images to be taken and used to promote future events or activities by Hosanna! Lutheran Church. I also agree to hold Hosanna! Lutheran Church or any directors, employees, or volunteers connected to the trip harmless of any liability related to participation in event activities. By signing this form, I authorize the assigned leaders (whether staff or volunteer) of Hosanna! Lutheran Church, or another designated person, to make decisions in their best judgment regarding any and all medical care. It is understood that effort shall be made to contact the undersigned prior to rendering emergency treatment, but that treatment will not be withheld if the undersigned cannot be reached.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (Printed)**

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**Parent/Guardian Signature Date**