

# Annual Youth Retreat

Ages 3<sup>rd</sup> to 12<sup>th</sup> grade

## Various Speakers

Come and join us on March 27-28, 2026

(6 pm Friday to 6 pm Saturday)\*\*

## Peniel Bible Camp

3260 OH-314 Fredericktown, OH 43019

*There will be Bible messages, recreation, fellowship, and food.*

*Meals and sleeping accommodations are provided.*

- Please remember 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 cold-weather clothing for any outdoor activities.

- Price: \$50.00 (includes all accommodations).

Registration forms and money are due at the time of arrival, but it would be helpful if they're received by March 1<sup>st</sup>.

**No child will be admitted without a registration form due to possible emergency situations requiring parental permission.**

Please make checks payable to: **Salem Bible Church** and earmark "Youth Retreat". Turn in registration and payment to your local pastor, or otherwise mail it to: Salem Bible Church

PO Box 670  
Salem, Ohio 44460

For further questions, please contact:

Pastor Ben DeMar  
(330)692-8385  
[pastor@salembibleonline.org](mailto:pastor@salembibleonline.org)

\*\*Consult your pastor or organizer for transportation details from your area - plan to arrive directly to Peniel Bible Camp at 6:00 p.m.

# 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?  Yes  No

If yes, please List: \_\_\_\_\_

Is the Child/youth currently taking any Medications?  Yes  No 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 March 27-28, 2026, and to be transported by those adults supervising in the Youth Retreat program.

Choose one:  I give  I do not give permission for the director of the Youth Retreat to use pictures of my child, (print) \_\_\_\_\_, on their website or in printed materials for information /promotional purposes.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*please detach here*