

Annual Youth Retreat

Ages 3rd to 12th grade
(younger ages accepted on a case by case basis)

Come and join us on

March 22-23, 2024

(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: **\$45.00** (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 1st.

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@salem bibleonline.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 22-23, 2024, 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