## American Baptist Churches Biennial Mission Summit June 30-July 2, 2017

Up on beautiful Mt. Hood at the American Baptist Churches of the Central Pacific Coast camp, we will offer an overnight Youth Camp. This event is designed for youth entering 6<sup>th</sup> through 12<sup>th</sup> grade (~12-17 years old).

All attendees will be hosted in Judson Lodge and all food will be provided. There will be transportation on Friday afternoon at 4:00 p.m. from the Convention Center. Those attending will return to the Convention Center on Sunday at 2:00pm

Cost/Registration:	\$115 for Overnight Camp
Transportation:	Round trip transportation included from/to the Oregon Convention Center

Note: The Overnight camp is planned as a three day experience, so it is an "all in" commitment. The campers will be off site for the full duration of the event, including meals and lodging. This will only be offered for REGISTERED campers. We will not be able to offer registration onsite.

Youth participating in the overnight camp need to pack for mission and adventure, are limited to one bag, one backpack, a sleeping bag/pillow and towel (plus personal care items).

## SCHEDULE:

## Friday:

4:00 p.m. Gathering at Oregon Convention Center, transportation to Camp Dinner Overnight accommodations in Judson Lodge at Camp Arrah Wanna
Saturday: Breakfast, Lunch, Dinner Overnight accommodations in Judson Lodge at Camp Arrah Wanna
Sunday: Breakfast, Lunch Morning worship experience RETURN to Convention Center by 2:00 p.m.

## Biennial Mission Summit Overnight Youth Camp 2017 - Permission Form

Name of participant:	Date of Birth:	
Name of parent/guardian:		
Contact number of parent/gua	rdian during the Biennial Mission Summit: _	
Lodging/location of parent/gua	ardian during the Biennial Mission Summit: _	
Home Address:	State/Zip:	
Mobile phone:	email:	
Allergies/activity restrictions:		
L, D / Sun B, L)	in Judson Lodge at Camp Arrah Wanna, six n	
- Roundtrip transport	tation from Oregon Convention Center prov	laea
provided by ABC of the Central Pa	(name of child/participant) has complet sion to participate in the coordinated overnight y acific Coast at Camp Arrah Wanna during the Bie unday, July 2, 2017. I understand that meals and le buth camp.	ennial Mission
	(Signature of parent/guardian)	(date)
representatives of the overnight y full responsibility for any cost or l	nt and Medical Liability: In case of emergency, a youth camp team may seek medical treatment for liability along with my current insurance program past from any liability related to any medical treat	r my child. I assume n. I release ABCUSA
	(Signature of parent/guardian)	(date)
	(Emergency contact name)	(number)
	Mission Summit has permission to photograph t dividuals <b>including my child,</b> during the event, f	
	(Signature of parent/guardian)	(date)
If you do NOT want your child to intentions here:	be included in any group photographs, please cl	learly write your
[ ] I understand that there may b will be provided to me at the Bier	pe additional permission/liability forms that I may nnial Mission Summit.	have to sign that

Please complete this Permission Form and include it with your payment.