

**WPA ALLIANCE
YOUTH PRESENTS:**

LAURELVILLE CAMP

941 Laurelville Lane, Mt Pleasant, PA 15666

**OCT 25-27TH
GRADES 6-8TH**



PASTOR LU
Speaker

BRANDON FOX
Worship Leader



What to bring ...

- Bible, Pen, & Notebook
- Casual Clothing
- Jacket or Hoodie
- Toiletries
- Snacks & Goodies
- \$ for Band Merch
- Towel and Washcloth
- Pillow, Sheets, & Sleeping Bag

COST
\$99 per person

For Custom Group Jolt Shirts email David J Hardie at lifemerch@outlook.com or text him at 724-417-4507

WPA District of The Christian and Missionary Alliance
341 Chestnut Street, Punxsutawney, PA 15767
Phone: 814-938-6920 - Email: pizkerr@cmawpa.org
We are on the web: www.cmawpa.org

A \$20 deposit is due along with your registration form to your Youth Pastor/ Group Leader by _____ 2019. A copy of the registration form will be included in the leader's brochure or register online.
(Group Leaders: Turn in your group's registration to the District Office by October 18th, 2019.)

Jolt 2019 Registration/Emergency Medical Information Students please complete and return to your youth leader.

Student Name: _____ Phone Number: _____ Birthday: _____

Do you wear: Glasses or Contacts Please list any medications, health problems, or allergies: _____

Name of Parent/Guardian (Relationship to Student): _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

I hereby consent to emergency medical treatment deemed necessary in the unlikely event of an accident during my child's involvement with the Jolt Retreat. In the event that I cannot be reached in an emergency, I hereby give permission for any treatment deemed necessary by the licensed physician selected by the youth leader of my child's church. I also release The Christian & Missionary Alliance, Laurelville, and the Jolt staff from liability resulting from any accident.

Parent/Legal Guardian (please print): _____ Date _____

Parent/Legal Guardian (please sign): _____ Date _____