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### Fall Retreat

**What:** Fall Retreat is held each year with the purpose of evangelism. It is a great time to get together with other churches from across the district to hang out, play games and have a good time. There is time for worship together, participate in group prayer stations, and the main emphasis the speaker brings is always on evangelism.

**When:** November 8th-10th, 2024

**Where:** FFA Camp Muskingum in Carrollton, OH

**Purposes:**

* To evangelize to participants and see teenagers make a decision for Christ
* To promote fellowship with other Nazarenes across the district
* To disciple teenagers in order to strengthen their relationships with Christ
* To participate in worship together

**Contact:**

**Fall Retreat Coordinator**

Blaze Wood

234-425-8826

bklkmwood2017@gmail.com

2024 FALL RETREAT

Pastors, Youth Pastors, and Youth Leaders,

We are very excited that it is that time of year that we are preparing for Fall Retreat again. We hope that you are praying for your students that will be attending and the leaders that will be taking them. There are a few things that you need to know:

1. Fall Retreat is for grades 6-12. Cost is $110 for students and adults postmarked by Oct. 12th or $120 postmarked by Oct. 19th, There will be NO WALK‐IN registration, you must register ahead of time so we have a proper count. Also, there will be NO REFUNDS after the postmark deadline.
2. You should send ONE check for your church made out to EO NYI and send it, along with registration forms for each student and adult and a fully filled out group registration form to:

**Blaze Wood**

**609 N Dawson St,**

**Uhrichsville, OH 44683**

1. Adult leaders must be 21 and be Naz Safe certified and meet all the requirements that are a part of that. You must send 1 adult leader for 1‐7 teens, 2 adults for 8‐14 teens, and 3 to 4 adults for 15+ teens. Your teens will not be permitted to attend without an adult leader from your church. Adult leaders are responsible to see that teens’ medical needs are taken care of.
2. Take control and set boundaries BEFORE coming to fall retreat, especially with your male/female

relationships. If a student chooses to come, they are expected to participate in ALL services and

activities. Our security personnel are going to enforce this. Infractions may be cause for adult leaders to make arrangements for transportation home.

1. Registration begins at 6:00pm and ends at 8:00pm with an adult leader meeting at 8:00pm. We will have pizza before midnight. Dismissal is after lunch on Sunday.
2. Hoodies will be PRE‐SOLD ONLY. There may be a few extra available but there are no guarantees. If you want one be sure to order it. Hoodies are $20.
3. Laser Tag is available at a cost of $15 per person. If you would like to guarantee yourself a spot you must sign up and pay with your registration, sign up early. Your spot will only be held if you have paid.
4. Blacklight game area again this year.
5. Pastor Chris Shallenberger is our speaker this year.
6. Chosen Vessel will be our worship band this year. Same worship band as 2024 EO Teen Camp.
7. We desire all our retreat staff and attendees model unity and Christlikeness in attitudes and behaviors in all settings. Should a registrant choose not to abide by these guidelines, East Ohio NYI has the option to contact the adult leader, local police, parents, and local church leaders and refuse to allow that registrant any further access to the East Ohio District sponsored event. It will be the responsibility of the participant’s adult leader or parents to supervise or transport the registrant home at their own expense.
8. Fall Retreat is held at FFA Camp Muskingum, if you are using a gps make sure to use this address: **3266 Dyewood Rd. SW Carrollton, OH**

Any questions should be directed to **Blaze Wood cell: 234‐425‐8826**,

email: bklkmwood2017@gmail.com

We look forward to seeing you at Fall Retreat!

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| **ADULTS ONLY** Naz-Safe Certified: \_\_\_\_\_\_\_\_\_  Naz-Safe Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Fall Retreat 2024**  **Registration & Medical Release** | **PRE ORDERED HOODIES ONLY** Cost $20  Size: S M L XL XXL XXXL  Total Enclosed $\_\_\_\_\_\_\_\_\_\_  **PRE-Register for Laser Tag**  Cost $15 Yes / No  Total Enclosed $\_\_\_\_\_\_\_\_\_\_ |

Checks payable to: ***East Ohio Dist. NYI***

Send to: ***Blaze Wood 609 N Dawson St, Uhrichsville, OH 44683***

COST: $110 Students & Adult Leader Postmarked by Oct. 12th

$120 Postmarked by Oct. 19th

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M\_\_\_\_\_\_ F\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern;

The undersigned does hereby give permission for our (my) student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to attend and participate in activities at the Fall Retreat sponsored by the East Ohio District N.Y.I. on November 8th, 9th & 10th, 2024.

We (I) authorize an adult in whose care the minor has been entrusted to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or medical care facility.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) student to return home due to medical reasons or otherwise, the undersigned will assume all transportation costs.

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Day (\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Evening (\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Other (\_\_\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**General/District NYI Behavior Policy: Our event must be free of:**

* Possession and/or use of drugs, alcohol, and tobacco products.
* Intimidation, threats, disruptive behavior, reckless endangerment, and physical violence to self and others.
* Weapons and destructive devices of any kind.
* Theft or damage to property (personal and public).
* Profane and abusive language (including those printed on clothing items)
* Sexual harassment and/or sexual misconduct

Any breach of the above policy will result in the parent and/ or youth sponsor transporting the student home at their own expense.

The undersigned does also hereby give permission for our(my) student to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the Fall Retreat sponsored by the East Ohio District N.Y.I.

I have read and agree to the above:

Signature Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2024 Fall Retreat Group Registration

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Gender | Grade | Age | Hoodie Size  $20 | Laser Tag  $15 | Amount Paid |
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Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_\_\_

Checks payable to: ***East Ohio Dist. NYI***

Send to: ***Blaze Wood 609 N Dawson St Uhrichsville, OH 44683***