

Monroe Missionary Baptist Church Permission Slip

Group Leader: Pastor Scott Slater
Name of Event: YOUTH DISCIPLE NOW WEEKEND 2023
(6th Grade - 12th Grade)
Location: Camp Selah, 3600 Long Lake Rd., Reading, MI
Date of Event: Friday, February 3rd & Saturday, February 4th
Cost: \$50.00 per person
Permission Slip / Payment Deadline: Friday, January 27th
Drop Off Time: Friday, February 3rd at MMBC North Main Entrance - 5:00 p.m.
(PLEASE EAT BEFORE YOU ARRIVE)
Pick Up: Saturday, February 4th at MMBC North Parking Lot - 8:30 p.m.
Need to Bring: toiletries, bedding/sleeping bag, change of clothes, warm clothes for outside in the snow, snacks/candy, fun games to share, Bible and pen.
Need to Leave at Home: any kind of electronic device (including cell phones).

Emergency Numbers: Camp Selah (517) 283-2527

Description: We are returning to Camp Selah for another Disciple Now Weekend. This quick 24 hour retreat is packed with fellowship, fun and biblical teaching. The youth will focus on growing in their personal walks with Jesus by developing their practice of personal spiritual disciplines like prayer, Bible reading, scripture memory, etc. There will also be plenty of time for games and hanging out. If there is snow we will be sledding, if it's cold enough we can ice skate and play broom ball and the game room is always fun too!



Disciple Now Weekend 2023

Student Name: _____ Student Age: _____

Parent Cell: _____ Parent Email: _____
(This is the primary way you will receive news and updates about this trip.)

Parent/Guardian Name: _____

Do you have any special medicines or medical conditions (Food Allergies) that we should be aware of?
Please explain:

Please make sure that I'm on the contact list for future events and announcements: ___ email ___ text reminders

EMERGENCY PHONE NUMBER(s): _____

My child has my permission to attend the above stated event under the watch care of the Monroe Missionary Baptist Church. I will not hold MMBC to be responsible for any accident my child may incur while on this trip. I further agree to allow my child to be treated in case of an injury or illness by a responsible physician and/or medical person.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ___/___/___