

Permission Form

Name _____ Phone _____
Address _____ City _____
Age _____ School _____
Contact Person _____ Contact Information _____
Phone _____ Extra Phone _____
Any specific information needed for the trip:

Resurrection 2019

Cost—Cost is \$100.00. Get your money in as soon as possible!

Jorge Acevedo
I Am They



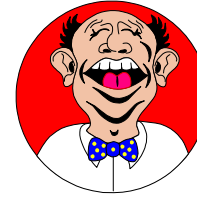
Powell Church

Contact Info:

Doug's Cell Phone: 865-679-6870
Peter's Cell Phone: 812-929-1391
Billy's Cell Phone: 865-776-2949

Email: OB1Rob@hotmail.com

Powell Church



Resurrection 2019



Total Cost: \$100.00

High School & Middle School

Powell United Methodist Church
323 W. Emory Rd
Powell, TN 37849

Church: 865-938-2741
Doug's Cell: 865-679-6870
Peter's Cell: 812-929-1391

Cost for the Convention

Deposit—\$50.00

Trip Date: Jan. 25—27

Cost \$100.00. Get your money in as soon as possible! All meals will be eaten out. Bring whatever it takes for you to eat:

- Two Suppers
- Two Lunches
- Two Breakfasts

We like to eat together—so be prepared to compromise. Some snacks will be provided for the weekend. Any extra money you will need to bring.

Schedule

Friday, Jan 25

- 4:00 — leave the church
- 5:00 — Arrive at hotel
- 7:00 — Attend session
- 10:00 — Go back to hotel
- 11:30 — Lights Out

Saturday, Jan 26

- 8:30 — Breakfast
- 9:00 — 12:00 Session
- 12:00—6:00 free time—except for one session for ourselves
- 7:00 — 10:00 Evening session
- 10:30 — Late night worship?

Sunday, Jan 27

- 8:30 — Breakfast
- 9:00 —12:00 Session
- 12:00 — Packing and lunch
- 3:00 — Arrive back at the church



Email: OB1Rob@hotmail.com

Special Rules

These rules are provided to give some specific guidelines on behavior during our Resurrection 2019 Trip.

1. Love the Lord God with all your heart, soul, and mind.
2. Love your neighbor as yourself.
3. These are not the only rules—but should be . . . Please don't make us create more!
7. No BOXER SHORTS in public.



Sponsors

Doug Roberts	Sherri Roberts
Kassi Hallabrin	Billy Eubanks
Peter Kim	Cathryn Kim
Matt Foust	Justin Landreth

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and
 (Name of Child)
 participate in activities sponsored by Powell United Methodist Church on the dates of 1-25-19 - 1-27--19.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any 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 Art on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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

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

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Powell United Methodist Church.

Hospital Insurance Yes ___ No ___

Insurance Company _____

Policy # _____

Emergency #'s _____

I have read the entire booklet and agree to obey the rules. If there is a problem that cannot be solved, additional transportation will be arranged to send the student back.

Student Signature _____

Parent Signature _____