



Pilgrimage

November 8 – 10, 2019

Hey Parents and Students

It's almost time for our annual trip to Pilgrimage. Pilgrimage is a weekend event that takes place at the Crown Coliseum in Fayetteville, NC. It is a weekend filled with amazing musical artists, thought provoking speakers, and inspiring youth leadership; all bearing witness to the transforming love of Christ. It is a time for us as a youth group to get away and not only grow closer to each other as a Body of Christ, but also have the opportunity to interact with other youth groups from all over! You don't want to miss this weekend. Below is information about cost for the trip. Notice the difference in the Early Bird Registration, to help save you some money!

Early Bird Registration	Late Registration
Total Cost: \$100	Total Cost: \$130
Deposit Due: \$50 by October 13th, 2019	Deposit Due: \$50 by October 27th, 2019
Remaining Balance: \$60 by November 4th, 2019	Remaining Balance: \$80 by November 4th, 2019
Deposit becomes non-refundable: October 27th, 2018	Deposit becomes non-refundable: October 27th, 2018

The total cost of the trip will cover transportation to and from the event and two nights at the Comfort Inn, which includes a Hot Breakfast both mornings. Students need money to cover two meals for themselves (Lunch and Dinner on Saturday Night). There are also opportunities to buy snacks inside the Coliseum, but they are very expensive. \$20 to \$40 should be plenty for the weekend. We will plan to meet at SPUMC on Friday, November 8th at 4:30 pm. Students will need to bring a bag dinner with them Friday Night to eat in the car on the way to Fayetteville.

To register for this trip, all you need to do is turn in your \$50 deposit. In the youth room, there is a blue lockbox located on top of the bookshelf as soon as you walk into the youth room from the choir room. You can place your checks into this lockbox, and they will remain secure and I will check the box periodically.

If you are a parent and are interested in chaperoning this trip, then please let me know that as well. If money is an issue, we do have some scholarships available to help offset some of the cost of the trip. If you need assistance, then please contact Todd. This is going to be a great weekend and you don't want to miss out! Let me know if you have any questions.

In Christ,

Todd Handell

E-mail: southernpinesumcyouth@gmail.com

Cell Phone: 864-680-6672

Last Name: _____

Grade: _____

Southern Pines United Methodist Church
Information, Permission and Medical Release Form

Student's Name: _____ **Date of Birth:** _____

Address: _____

Home Phone # _____ **Student's Cell Phone #** _____

Grade for 2019/2020 _____ **School** _____

Is it ok to text student during non-school hours? ____ yes ____ no

Parent/Guardian Name _____ **Relationship to student** _____

Address _____

Home Phone # _____ **Work #** _____ **Cell #** _____

E-mail _____

Contact in Case of Emergency

Name _____ **Relationship to student** _____

Address _____

Home Phone # _____ **Work #** _____ **Cell #** _____

Medical Information

Allergies _____

Date of last Tetanus Shot _____

Special Health Problems or Concerns _____

Dietary Restrictions: _____

Insurance Company _____ **Phone Number** _____

***Please attach a copy of the front and back of your insurance card**

Policy Number _____ **Policy Holder's ID#** _____

Physician _____ **Phone #** _____

Address _____

Dentist _____ **Phone #** _____

Address _____

Last Name: _____

Grade: _____

Permissions

I do hereby certify that my child, _____, has permission to participate:

In all trips planned by Southern Pines UMC from October 2019 to October 2020. ____ yes ____ no

In church newsletter, television, or newspaper photographs ____ yes ____ no

In photographs on the church website, Facebook page, YouTube Channel, other social media accounts, and conference publications ____ yes ____ no

In Church provided transportation in either commercial or privately owned vehicles by SPUMC staff or pre-approved volunteers ____ yes ____ no

I understand that is the expectation of Southern Pines UMC that my child will remain for the duration of the scheduled event unless they, or their parents, notify the adult leadership of the event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Southern Pines United Methodist Church, every reasonable effort will be made to contact the persons on this form. If unsuccessful in contact the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders/adult staff to secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Consideration should be given to those adults in attendance with the group.

I agree that my insurance company will be used for such medical care expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

Please sign below in the presence of a Notary Public

Signature of Legal Guardian

Signature of Legal Guardian

Legal Guardian Printed Name

Legal Guardian Printed Name

Date Signed

Date Signed

Personally, appeared before me, _____, a notary public of _____ County in the state of _____. The persons whose signatures appear above and within instrument for the purposes therein contained.

Witness my hand and official seal this ____ day of _____ 20__

Notary Public

My Commission Expires: _____