

**Sixth Grade Conference May 6-8, 2016**  
**Church in Athens – Meeting Hall**

DATES:

May 6 (Friday) 6:00 p.m. through  
May 8 (Lord's Day) 10:30 a.m.

LOCATION:

**Student Station**  
249 Waddell Street  
Athens, GA 30605

Do not send mail to this  
address, use the mailing  
address listed below

WHO MAY ATTEND:

6<sup>th</sup> graders

REGISTRATION FEE:

The cost will be \$50 for each 6<sup>th</sup> grader and counselor, which includes a special craft, snacks, dinner on Friday night, all meals on Saturday, breakfast on the Lord's Day.

Next Steps:

- 1) Email Conference Registration Form by **April 24, 2016** to [churchinathens.conference@gmail.com](mailto:churchinathens.conference@gmail.com) or fax to 404-751-2772
- 2) After emailing or faxing Conference Registration mail one check payable to:  
**The Church in Athens**  
Attn: Sixth Grade Conference  
P.O. Box 6767  
Athens, GA 30604
- 3) The serving ones from each locality are responsible to bring a completed Medical Release Form (attached) for each young person in case medical attention is needed during the conference.

ARRIVAL AND DEPARTURE:

Arrival time and registration will be **5:30 p.m. to 7:00 p.m.** on Friday evening. We will have dinner on Friday night. The first meeting will begin at 7:30 p.m. Friday. The conference will end at 10:30 a.m. on the Lord's Day. Parents will be responsible for arranging their child's transportation to Athens on Friday and pickup on the Lord's Day.

WHAT TO BRING:

Personal toiletries, pillow, sleeping bag, towel, Recovery Version of the Bible - Old and New Testament

**Do not bring:** cell phones, tablets, CD/MP3 or video game players, etc.

GENERAL INFORMATION:

**Standard:** We ask that the young brothers wear conservative long pants, neat in appearance, with modest collared shirts, and that the young sisters wear long dresses or skirts, loose-fitting dress slacks and modest blouses with sleeves during the meetings. During recreation times or outings, we would recommend long shorts or loose fitting pants and tennis shoes.

Each locality must send one serving one for every three to four sixth graders. Please pray often for this time.

If you have any questions about the conference, please call:

Charlie Peterson (770) 993-1702

email: [capeterson@mindspring.com](mailto:capeterson@mindspring.com)

Brad Langford (706)-248-4570

email: [bradleylangford@yahoo.com](mailto:bradleylangford@yahoo.com)

Hallie Williamson (706) 424-0530

email: [hallie.williamson@gmail.com](mailto:hallie.williamson@gmail.com) (registration)

ENCLOSURES:

Conference Registration List  
Medical Release Form

# 6<sup>th</sup> Grade Camp: May 6-8, 2016

## Locality Group Summary

Locality \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

B=6<sup>th</sup> grade brother, S=6<sup>th</sup> grade sister, CS=Counselor-Sister, CB=Counselor-Brother  
Please try to send a serving brother if you have young brothers coming and a serving sister if you have young sisters coming.

Name	Age	B/S or CS/CB	Car? Y/N	# Seats	Dog or Cat allergies? Food?	Phone #

1. Email this form to [churchinathens.conference@gmail.com](mailto:churchinathens.conference@gmail.com) by April 24, 2016.
2. Postmark registration by April 25, 2016. Return completed group summary form and payment to:  

Church in Athens  
P.O. Box 6767  
Athens, GA 30604
3. Serving ones in each locality will be responsible for the medical release forms. Do not send the forms with your registration.

## INDIVIDUAL REGISTRATION FORM

Name:			
Street Address:			
City:	State:	Zip:	
Phone:( )	Gender:	Adult:	or Grade
Parents Name:			



## MEDICAL RELEASE FORM

### 6<sup>th</sup> GRADE CONFERENCE

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, authorize the bearer of this document to obtain any and all medical and/or emergency care which in the bearer's opinion is needed by my child. I also accept full responsibility for the payment of any expenses incurred from such medical and/or emergency care.

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

\_\_\_\_\_  
Home Phone                      Work Phone

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Current Medication, Allergies or Health Problems: