

FRIDAY

Morning Preacher



Dr. Darran Brandon

Evening Preacher



Dr. Suzan Johnson Cook

MEGA 2024

MINISTRIES & YOUTH

R

RETREAT

SATURDAY

Men



Pastor Calvin Washington

Women



Dr. Lisa Johnson

Clergy



Dr. Jennell Riddick

Luncheon Preachers



Pastor Ricardo Poulson



Minister Zatoria Poulson

Women's President



Dr. Margaret Delk Edney

Men's President



Dr. Johnie Hopkins

Clergy President



Reverend Gloria Brickhouse

Youth President



Sister Alexandria Hunt-Quarles

MARCH 22-23

\$130

INCLUDES REGISTRATION MATERIALS & SATURDAY'S LUNCHEON

\$40

YOUTH RETREAT REGISTRATION GRADES 1 THROUGH 12

REGISTRATION

VISIT WWW.BGCVA.ORG/EVENTS.HTML

FIRST BAPTIST CHURCH EAST END

3000 JEFFERSON AVENUE
NEWPORT NEWS, VIRGINIA

REVEREND JAMAAR JONES, HOST PASTOR



BGCVA



BAPTISTGENERALCONVENTIONOF2913



BGCVA.ORG



804-228-2421



INFO@BGCVA.ORG



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HAMPTON CONVENTION CENTER**

HOST HOTEL
1700 COLISEUM DRIVE
HAMPTON, VIRGINIA
\$154/NIGHT

CALL 757-827-8200

TO BOOK YOUR ROOM

President



Milton Bunting

Program Chair



Dr. James Coleman

Executive Minister



Dr. Leo Whitaker

Retreat Schedule

FRIDAY, MARCH 22, 2024

8:00 AM Registration
Exhibitors Open
Vendors Open

10:00–11:00 AM OPENING SESSION
Welcome
Preaching at Its Best!
Dr. D. Tyrone Brandon, Sr.

11:00 AM–12:45 PM **MINISTRY IMPACT SESSIONS
(LUNCH DELIVERED TO SESSIONS)**
**Clergy: Reverend Gloria Newsome
Brickhouse**
**Men: Reverend Dr. Johnie E.
Hopkins**
**Women: Reverend Dr. Margaret Delk
Edney**

1:00 PM HEALTHY PEOPLE, HEALTHY CHURCHES
FAMILY ACP
VEAP

2:00 PM **MINISTRY BREAKOUT SESSIONS**
**Clergy: Reverend Gloria Newsome
Brickhouse**
**Men: Reverend Dr. Johnie E.
Hopkins**
**Women: Reverend Dr. Margaret Delk
Edney**

4:00 PM HOTEL CHECK-IN

6:30 PM SOCIAL JUSTICE HOUR & COMMUNITY
NIGHT – Honoring Leaders In Eastern, VA

7:00 PM EVENING SESSION
The Call to Worship
Praise & Worship
BGCVA Litany
The Scripture—Luke 4:18-19; Acts
1:8, Matthew 9:35-38 (NIV)
The Evening Prayer
The Greetings and Directives
The Praise Dance
The Mime Ministry
The Renewing a Legacy of Generosity

The Proclaimed Word:
Dr. Suzan Johnson Cook
The Announcements & Closing Prayer

SATURDAY, MARCH 23, 2024

8:00 AM Registration
Exhibitors Open
Vendors Open

9:00 AM LILLY ENDOWMENT, INC.—BRINGING,
GROWING, AND CHANGING
CONGREGATIONS TOGETHER!
The Application Presentation

10:00 AM **SPECIAL MINISTRY PRESENTATIONS**
Clergy: Dr. Jennell Riddick
Men: Moderator Calvin Washington
Women: Dr. Lisa Johnson

11:30 AM **MINISTRY “RAP UP” SESSIONS**
**Clergy: Reverend Gloria Newsome
Brickhouse**
**Men: Reverend Dr. Johnie E.
Hopkins**
**Women: Reverend Dr. Margaret Delk
Edney**

1:00 PM **LUNCHEON**
The Musical Offering
The Blessing
Introduction of Preacher
Musical Offering
Co-Preachers: Pastor Ricardo Poulson &
Minister Zatoria Poulson
Musical Offering
Closing Statements
Committee Recognitions

2:15 PM **BENEDICTION & SENDING FORTH**

Individual Registration

Church Name & Location _____

Name _____

Confirmation Mailing Address _____

City, State Zip _____

Contact Email Address _____

Contact Number _____

CHOOSE ONE MINISTRY:

CLERGY

MEN

WOMEN

Registration Deadline: Postmarked by March 15

Registration: \$130.00 per person

CHOOSE ONE OPTION:

VIRTUALLY

IN-PERSON

Registration does not include Hotel Room Reservations

**Call the hotel to book your room reservations at (757) 827-8200 and reference:
BGCVA MEGA MINISTRIES & YOUTH RETREAT. Hotel Parking is \$5.00 Self**

Make all checks payable to: BGCVA:

Church Check

Money Order

Online Registration via Eventbrite

You will receive a confirmation upon receipt of payment.

All Event Registration Fees are Non Refundable.

Online Registrations will incur an additional service fee

****No credits and no rain checks.****

Make Sure to Register Today!

Mail: BGCVA

Online: www.bgcva.org/events.html

1214 West Graham Road

804-228-2421 (O) 804-228-1998 (F)

Richmond, VA 23220

info@bgcva.org

Attention: Mega Ministries Retreat 2024



Waiver & Release Form

Note: Each Person Attending Must Complete This Form And Return
(Anyone under the age of 18 must have a parent/guardian sign)

Full Name: _____

Church Name: _____ Location: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: (_____) _____ (_____) _____
Daytime Evening

Name of Insurance Company Provider _____

Policy Number _____

*****Please make certain all registrants bring an insurance card and meds to the retreat. Each registrant must keep their meds with them at all times.****

Please list of any other medical restrictions from activities the registrant might have:

Please list any MEDICATIONS or FOODS the registrant is allergic to:

Vaccination Information (Bring proof of vaccination card): Circle one — Moderna Johnson & Johnson Pfizer
Dose 1 Dose 2 Booster

Date: _____

“Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant’s participation at the Baptist General Convention of Virginia’s (BGCVA) Youth Retreat. I voluntarily release and forever discharge BGCVA from any and all liability, claims, actions, or rights of action that is in any way related to the registrant’s participation in the retreat activities. I agree to indemnify and hold BGCVA harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant’s participation in retreat activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against BGCVA arising from the registrant’s participation in retreat activities. In addition I hereby consent to the registrant being filmed during the Youth Retreats and give the BGCVA permission to use that film for any type of publication.

In case of emergency, I understand every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant is 18 years of age or older, I hereby give BGCVA permission to act on my behalf in seeking and administering medical treatment. I agree to release BGCVA from any liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the registrant’s participation in conference activities.”

Signature: _____ Date: _____

Please print your name here: _____

Emergency Contact’s Name: _____

Mobile Phone: (_____) _____ E-mail: _____