

End-of-the-Year All-Youth Lock-In

6 PM, Friday, May 7 - 11 AM, Saturday, May 8

Who?: Anyone in grades 6-12 is invited! Friends are welcome!

What?: We're celebrating the end of the year and the fact that we're really fun and cool people!

When?: 6 PM, Friday, May 7 - 11 AM, Saturday, May 8

Where?: Franksville United Methodist Church

Cost?: \$10 will cover the night!

Why?: Because we're a fun group and we like to have fun together as a community!

{Packing List}

Must Haves:

Sleeping Bag
Pillow
Pajamas
Tooth Brush
Tooth Paste
Clothes for Saturday
A Snack **or** Drink To Share
Bible
Retreat Waiver

Might Be Good:

Hair Brush
Face Wash
A Board Game
A CD to listen to
A Book to Read
An extra blanket
Slippers
Musical Instrument

Don't Bring It!

Drugs, Alcohol, Cigarettes
Inappropriate clothing, games, music

Thanks! Questions?:

Call Jonathan at 319.471.5510,
Dani at 262-498-5386 or Audrey at 414- 419-7965
Email: Franksvillyouth@gmail.com

RSVP by Wednesday, May 5!

YOUTH Lock In Waiver

By signing below, I, _____(Participant's Name) acknowledge and agree to the following:

- I understand that no drugs or alcohol will be allowed at this event
- I understand that I must be in an area where an adult is at all times
- I understand that I need to stay inside of the building at all times
- All medications or health treatments will be given to Dani, Audrey, or Jonathan at the beginning of the Lock-In for safe keeping
- I understand that I represent our church and the Church, I will act in loving and compassionate way to all people regardless of age, class, gender, religion, sexual orientation, race, or any other categorization.
- I understand that personal space is an individual thing, in order to respect all people, I will honor my body and the bodies of others by leaving space between myself and others
- I understand that if any of these guidelines are not followed, I will be sent home immediately.
- I permit my youth to ride in a vehicle with a licensed adult.

Signature of parent/guardian of minor_____

Signature of Participant_____

Emergency Contact Person

Name:_____

Phone Number:_____

Any Medical, Health, or Personal Needs are listed below: