

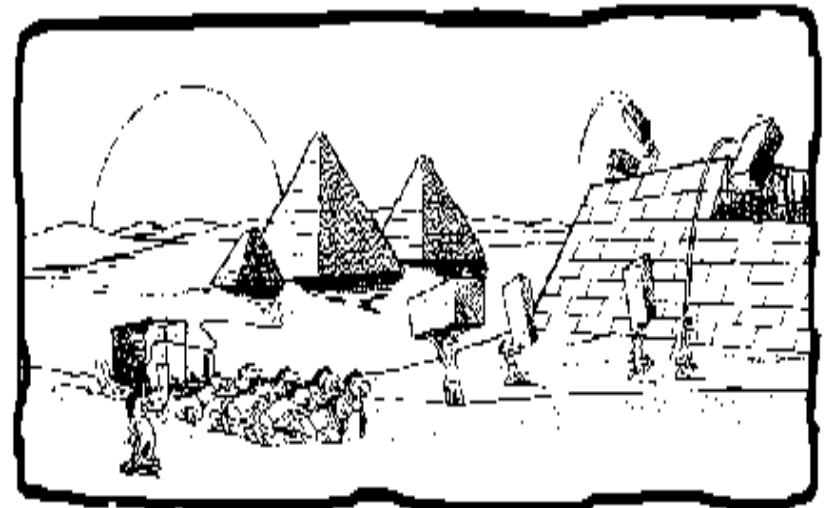
SPRING PROJECT

April 1-3, 2010

Cost: \$25

Hope's Youth Ministry
PO Box 914, 700 Cooper Rd.
Voorhees, NJ 08043
myhopeyouth.com
youth@meethope.org
856-753-7355

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PO Box 914
700 Cooper Rd.
Voorhees, NJ 08043



THIS IS WHAT WE'RE GONNA DO...

THURSDAY

8:00pm	meet at Hope
8:30pm	leave for Delanco
9:00pm	unpack and get organized
9:30pm	evening worship and devotions
10:00pm	snack
11:00pm	bedtime!!

(GOOD) FRIDAY

8:00am	breakfast
8:30am	QT
9:30am	start work
1ish	break for lunch, then back to work
6:00pm	dinner
7:30pm	evening worship
9:00pm	an incredible game of manhunt!
10:00pm	campfire
11:00pm	final words and bedtime

SATURDAY

8:00am	breakfast
8:30am	QT
9:30am	clean, pack, and go home
11:00am	arrive at Hope

WHAT TO BRING . . .

- Bible, pen or pencil
- sleeping bag/pillow
- warm clothes
- work clothes, that can get dirty
- pajamas (modest please)
- toiletries
- bath towel
- work gloves

WHAT NOT TO BRING . . .

- drugs, alcohol, cigarettes, fireworks (Duh!)
- Cell Phones (If you bring it, I will become my property. You are encouraged to call home from a youth leader's phone.)
- shave cream (We will be growing hairy faces and legs!!)
- balloons, etc.
- a bad attitude

IMPORTANT RULES . . .

1. Love God with all your heart, mind, soul, and body.
2. Treat others the way you would treat yourself.
3. Relax, be flexible.
4. No grumbling or complaining.
5. Smile a lot.

DELANCO CAMP...

We will be staying and serving at Delanco Camp. Delanco is located in Tabernacle, NJ (where Rt. 70 & 206 meet) and is a summer camp ministry for youth and their families. We will be cleaning, building, and landscaping ... basically doing whatever they need us to do.

**PARENTS: IN CASE OF EMERGENCY ONLY,
call ... 856-404-7273**

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Name _____

Address _____

Phone # _____

Age _____ Grade _____

I agree to abide by the rules of Hope's Youth Ministry. I understand that if I am unable to obey these rules I will be asked to leave the project and my parents will be responsible to provide transportation home.

Student signature _____

Registration and non-refundable payment due to Dave NO LATER than March 21st.

CONSENT FORM

HOPE United Methodist Church - Youth Ministry Spring Project

Participant's Name _____ Age _____

Birth Date _____ Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

To HOPE Youth Ministry:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Hope United Methodist Church on (date) _____.

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 act 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 this authorization.

Should it be necessary for our (my) child to return home due to medical reasons 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 Hope United Methodist Church.

Insurance Company _____

Policy # _____

Emergency Phone #'s _____ ask for: _____

_____ ask for: _____

Date of last tetanus shot _____

Any allergic reactions? _____

Mother's signature/date _____

Father's signature/date _____