

WHAT IS THE G+A+P?

Find the answer to this question at
MIDDLE SCHOOL RETREAT '08
as we discover together God's amazing
Grace, Acceptance, and Peace.

FRI - SUN, October 3-5 + + John Knox Center, Ten Mile, TN

Meet at the church van at 5:00pm Friday + + Back by 12:30pm on Sunday morning

Featuring Keynote Speaker Kim Justice and Worship Leader Ethan Norman

Games + Sm**A**ll groups + **P**lenty of excitement

\$65 per person if registration form and money is turned in by Sept 15
\$75 per person if turned in by Sept. 22 (Registration Deadline)

Please cut along dotted line. Don't run with the scissors. Keep the top for your info or for a very skinny paper airplane.

Youth or Parents: Complete this form, make sure it's signed, and return it and the fee to Bryce by **September 15**.

Parents: Please make checks out to First Pres. and turn in all fees to Bryce or the office.

Name _____ Gender: M / F Age: _____ Grade: _____
Address _____ City _____ State _____ Zip _____
Parent's Name(s) _____ Phone #s: day) _____ eve) _____
T-Shirt Size: S / M / L / XL / XXL Church _____

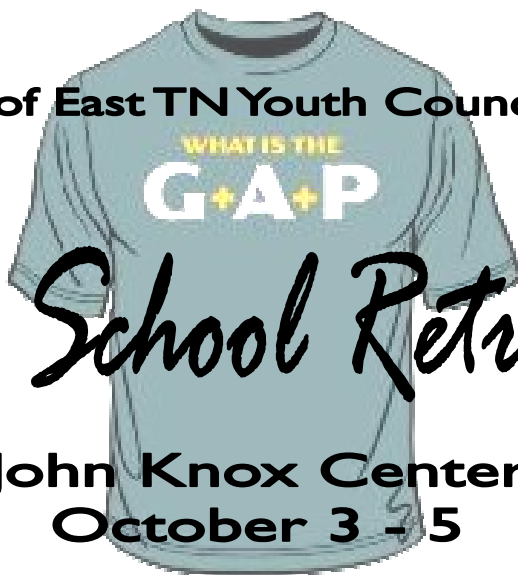
Allergies _____
Medication being taken _____
Physical handicaps or limitations _____
Medical Insurance Company _____ Policy Number _____
Member's Name _____
Emergency Contact: Name: _____ Relation: _____
Phone #s _____

P.E.T. Fall Middle School Retreat Medical Liability Release

I, _____ parent
or legal guardian of _____ (name) authorize the
adult leaders of _____ Church youth group to act as my agent
to consent to consent to emergency transportation, examination, x-ray, anesthesia, injec-
tion, medical, dental, or surgical diagnosis or treatment and hospital care as advised and
administered by any physician, dentist, or surgeon licensed to practice under the laws of
the state where the services are rendered, either at a doctor's office, clinic, or hospital. I
understand that every attempt will be made to contact the parent or guardian in the event
of emergency. I therefore assume all responsibility for the decision so made, and the
emergency care or treatment so secured for my child. I further release the Presbytery of
East Tennessee, its staff, conference leaders, and any other leaders from responsibility
and liability for any injury or illness that my child may sustain during the conference or
transportation involved during the event. I hereby give permission for any photos taken of
my child/ward to be used on the Presbytery Youth website. I agree all information submit-
ted on this form is complete and accurate to the best of my knowledge.

Date _____
Signature of Parent or Guardian _____

Presbytery of East TN Youth Council Presents:



Middle School Retreat '08

John Knox Center
October 3 - 5



PET Youth Council Presents:
**WHAT IS THE
G+AP**

Middle School Retreat '08

Great messages. Engaging worship.

Meaningful sm**A**ll-groups.

Exciting recreation.

Encouraging Fellowship.

And a few sur**P**rises...

Don't Miss It!!!



GRACE 
ACCEPTANCE 
PEACE 