

## K.F.C. 1ST EVER SPRING RETREAT

### "CROSSING THE BRIDGE"

🕒 SENECA HILLS BIBLE CAMP & RETREAT CENTER

🕒 FRIDAY, APRIL 20TH - SATURDAY, APRIL 21ST

🕒 COST IS \$20 PER PERSON, PLUS SOME

SPENDING MONEY FOR DINNER ON FRIDAY EVENING. SIGN-UP BY FRIDAY, APRIL 13TH (BY SENDING IN DEPOSIT & PERMISSION FORM)

AFTER APRIL 13TH THE COST GOES UP TO \$30.

🕒 DON'T MISS THIS ONE!!! KIDS, BRING A FRIEND AND GET READY TO ENJOY A FUN-FILLED WEEKEND: FOOD, ALL KINDS OF GAMES, A CHALLENGING **CLIMBING WALL**, AN OPTIONAL NATURE HIKE, GYM-TIME (W/ SLAM-DUNKING ON LOWERED BASKETBALL HOOPS), SLEEPING IN

HEATED CABINS, & BIBLE DEVOTIONS CENTERED ON "CROSSING THE BRIDGE". THIS RETREAT WILL PROVE A GREAT TIME FOR KFC MEMBERS AND THEIR FRIENDS AS WE HAVE GREAT FUN AND GROW IN JESUS CHRIST TOGETHER.

🕒 PARENTS: WE WILL BE SLEEPING IN HEATED CABINS & PREPPING OUR OWN MEALS AND SNACKS. THERE WILL BE PLENTY OF ADULT SUPERVISION. DEPARTURE TIMES TO & FROM AND PACKING LIST WILL FOLLOW UPON SIGNING UP. FEEL FREE TO CONTACT ME WITH ANY QUESTIONS.

-AARON CHRISTY  
KFC TEAM LEADER  
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**KFC SPRING RETREAT AT SENECA HILLS BIBLE**  
**CAMP & RETREAT CENTER**

FRIDAY, APRIL 20TH - SATURDAY, APRIL 21ST, 2012  
WAIVER AND RELEASE FORM

I/We give permission for my/our child: \_\_\_\_\_

To participate in the Retreat and Retreat Activities with Clen-Moore Presbyterian Church and Seneca Hills Bible Camp. All reasonable safety precautions will be taken, but accidents may occur. If an unfortunate incident does occur, I/We agree to release Clen-Moore Presbyterian Church, & the adult leaders in charge from any and all liability claims, or demands for personal injury, disability, or death while my/our child is participating in the above activity. I/We also give permission for emergency medical attention to be administered, should it be necessary.

Emergency Contact Person & Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School District \_\_\_\_\_

Please List Any Medical Conditions that we should know about, including allergies:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_\_\_