

Abundant Life Chapel – REFUGE Youth at The Gathering 2020

FRIDAY ,SATURDAY & SUNDAY **FEBRUARY 28TH-MARCH 1ST 2020**- REFUGE is attending **The Gathering** in Winnipeg at New Beginnings Church. We are staying at The Humphrey Inn for 2 nights, February 28th & 29th. Please **be at Abundant Life Chapel for 4:45pm** as we are **leaving the church @ 5:00pm**. Please eat before you come or pack a bag supper. Pickup time will be at 6:00pm on March 1st at ALC. Cost is **\$30** for registration and **\$80** for hotels. Please bring \$\$ for supper on Saturday & lunch on Sunday. The rest will be taken care of.

The first 15 students to hand in their registration fee gets the early bird price. After that, registration will go up to \$40. Waiver & hotel cost of **\$80** needs to be in **by Feb. 21st 2020**. If you need to get a hold of Jesse, his cell number is (204) 232-1727

What to bring:

- Gym shoes & clothes (pjs, socks etc..)
- toiletries..toothbrush & stuff
- \$\$ for supper on Saturday & Lunch on Sunday
- Bible, pen, journal/paper
- Swimsuit for the pool at the hotel
- \$\$ For awesome merch (optional)
- Snacks (optional)

This waiver form is to give the below student permission to participate in The Gathering 2020 Retreat.

Student Name (print): _____

I Parent / Guardian Name (print): _____ the undersigned parent or legal guardian of the minor, grant permission to the above mentioned child to participate in the above stated event. I/we, the parents or guardians named above authorize REFUGE Youth leaders of Abundant Life Chapel to sign a consent form medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/we, named above, undertake and agree to indemnify and hold blameless REFUGE Youth leaders, Abundant Life Chapel, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of this activity of Abundant Life Chapel, as well as of medical treatment authorized by the supervising individuals representing the church.

Parent / Guardian Signature: _____ Parent Contact ph. # _____
Manitoba health #(6 digits)_____ PHIN(9 digits) _____

Emergency Contact: _____ Emergency contact ph. # _____