

# ONE WAY 2010 SUMMER RETREAT

(Mark 12:30)



Meet at SBC: Friday, August 13<sup>th</sup> at 3:30 p.m.

Return to SBC: Sunday, August 15<sup>th</sup> at 12 p.m.

Cost of Summer Retreat: \$45

Deposit of \$25 & Permission Slip due: Sunday, August 8<sup>th</sup>

Balance of \$20 due: Wednesday, August 11<sup>th</sup>

Contact Kyle Laukaitis at 252-0603 for more information!

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## ONE WAY SUMMER RETREAT PERMISSION SLIP (Aug.13-15, 2010)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_  
give my permission for him/her to go to the **ONE WAY SUMMER RETREAT**. I also release the Second Baptist Church from all liability for any injury received while under the church's care. In case of an emergency, I give permission to the attending nurse or physician to secure proper medical treatment for the young person named above.

Please list any medical information which the youth staff should be aware of while on this trip. Please include any allergies and medication being taken.

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Balance Due: \_\_\_\_\_