

3rd-6th Grade Retreat

April 5-6 2025 @ Promised Land Camp (PLC)

What to Bring:
Positive Attitudes,
Thankfulness,
Sleeping Bag/Pillow,
Bible, Notebook, Pen,
Old Clothes, Toiletries.

What NOT to Bring:
Items that could be
distracting, Selfishness,
Electronic Devices
*(Phones are permitted
for camera use only.)*

Retreat Details: (Keep top of this form for your records)

Cost: \$70 Registration due by Sunday, March 30.

Family discount — \$60 for each additional child

(Please make checks payable to Millersville Bible Church.

Note in memo **3-6 Retreat.** (Price includes-Ropes course/Zip Line on Saturday, Lodging, 3 meals and snacks)



If you have any questions

before the retreat

please e-mail Dave at:

dave@millersvillebiblechurch.org or

call the church office (717) 872-4260.

For drop off/pick up times & Camp address FLIP OVER

Complete the form below, detach, and with payment, put it in the Office mailbox or Hufford's church mailbox by Sunday, March 30.



Registration/Authorization Form

Child(ren)'s Name _____

Child(ren)'s Age _____

Child(ren)'s Grade _____

Parent's Name _____

Email _____

Parent Cell # _____

Secondary Phone _____

Emergency Contact Name _____ Phone _____

MEDICAL & SIGNATURE AUTHORIZATION FORM ON BACK.

Please submit \$70
with this form.
Due by March 30th

3rd-6th Grade Retreat April 5-6 2025 @ (PLC)

(Retreat Details Continued) KEEP TOP OF THIS FORM FOR YOUR RECORDS

Drop Off: Saturday, April 5 - 10:30am - 11:00am @PLC

Pick Up: Sunday, April 6 - 11:30am - 12:45pm @PLC

Retreat Location: Promised Land Camp,
301 Boyscout Rd, Conestoga, PA 17516

Emergency #'s (Dave's Cell) 717-371-7203

Texts are the best option if you need to contact someone during the retreat.
Cell service is spotty at PLC so please be patient if you aren't able to get a hold of someone right away.

Complete the form below, detach, and with payment, put it in the Office mailbox or Hufford's church mailbox by Sunday, March 30.



MEDICAL INFORMATION RELEASE FORM

Allergies/Medications _____

Special Instructions _____

Medications staff can dispense as needed (Initial to approve)

_____ Tylenol/ acetaminophen

_____ Motrin/ibuprofen

_____ Tums/antacid

_____ Benadryl/diphenhydramine

I, the parent or guardian of _____ do hereby understand the various activities that said person will participate in while active with Millersville Bible Church and do hereby hold harmless the MBC Kids' Staff of said organization, for any bodily injury, disease, or loss/damage to any property or appliance of said person. In case of medical emergency, I understand every effort will be made to contact parent or caretaker. In the event no one is able to be contacted, I hereby give permission to the physician selected by the Millersville Bible Church representative to hospitalize and secure proper treatment for, and order injection or anesthesia or surgery for, the person named above.

Insurance Co. _____ Policy # _____

Parent/Caretaker Signature _____