

# 3rd-6th Grade Retreat

## April 18-19 2026 @ 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 & payment due by Sunday, April 12.  
**Family discount** — \$60 for each additional child

(Please make checks payable to Millersville Bible Church.  
Note in memo **3-6 Retreat.** (Price includes-, Lodging, 3 meals,  
snacks, and ropes course/zip line weather permitting on Saturday.)



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, April 12.



### 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 payment  
with this form.  
Due by April 12.**

# 3rd-6th Grade Retreat April 18-19 2026 @ (PLC)

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

**Drop Off:** Saturday, April 18 - 10:00am - 10:30am **@PLC** (Lunch, Dinner, Snacks)

**Pick Up:** Sunday, April 19 - 12:00pm - 12:45pm **@PLC** (Breakfast only)

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

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

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, April 12.



## 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 \_\_\_\_\_