

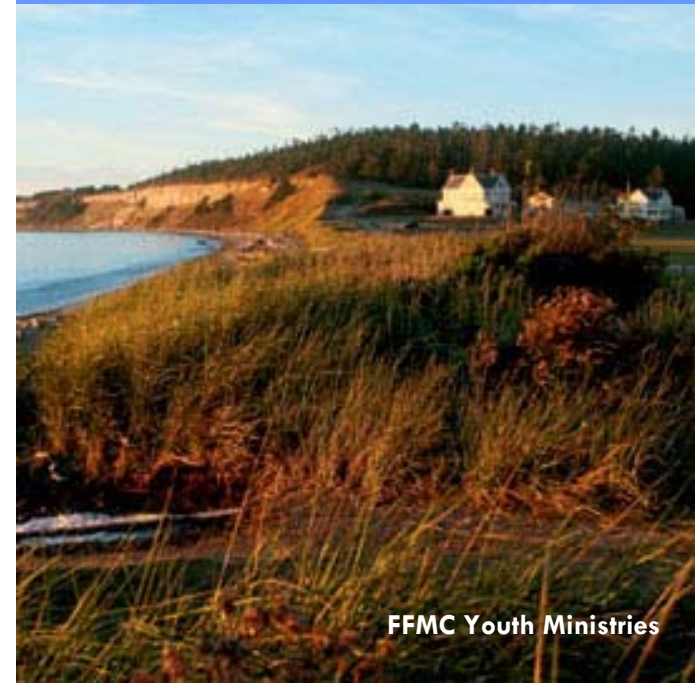
See you at High School Winter Retreat 2012

-FFMC Youth Ministry Team

**First Free Methodist Church
3200 Third Avenue West
Seattle, WA 98119**

High School

Winter Retreat 2012



High School Winter Retreat 2012

When: Friday, February 17 to
Sunday, February 19, 2012

Friday Departure: 4pm @ FFMC

Sunday Arrival: 4pm @ FFMC

Where: Camp Casey Conf. Center
1276 Engle Road
Coupeville, WA 98239
Phone: (866)661-6604
Lodging: *Quartermasters*

Why: Because we want to have fun
and have an encounter with God!!

Highlights: Evenings around the fire.
Time in God's Word. Games. Hot
cocoa. Play fields. Beach. Spectacular
mountain and ocean views. Exploring
Fort Casey. Great food. Wonderful
friends. Need we say more?

Trip Cost: \$105 per person (includes
gas, ferry, food, lodging, programming
costs). Make checks payable to *First
Free Methodist Church*.

THERE IS LIMITED SPACE!

Turn in your Registration Form and
Trip Cost to Stephanie Chatfield or
church office by Sunday, February 12!

Packing List

- ◆ Warm outside attire
- ◆ Warm shoes
- ◆ Warm sleeping attire and slippers
- ◆ Warm inside clothes
- ◆ Sleeping bag and pillow
- ◆ Towel, hand towel, washcloth
- ◆ Toiletries
- ◆ Bible and pen

Packing Limitations

- ◆ No weapons, drugs, or alcohol
- ◆ Cell phones, handheld video
games, and iPods are allowed in
the van to and from Seattle. But
those items must not be used
when we reach Camp Casey. We
don't want you to miss out on
something because you were
texting or playing Angry Birds.

FFMC Youth Ministries

First Free Methodist Church
3200 Third Avenue West
Seattle, WA 98119

Stephanie Chatfield, Youth Pastor
Phone: (206)281-2240
E-mail: stephanie@ffmc.org

REGISTRATION FORM—turn in to Stephanie Chatfield or the church office by Sunday, February 5, 2012. SPACE IS LIMITED!!

Name: _____ Birth Date: _____ / _____ / _____
Home Address: _____
Parents/Guardian Name(s): _____
Parent/Guardian Home Phone: _____ Parent/Guardian Cell Phone: _____
In case of emergency call: _____ Phone: _____
Do you have any prescribed medications, allergies, reactions, or limitations which the Director of Youth Ministries and youth staff should know about? No _____ Yes _____ (If yes, please explain on the back of this page.)
In case of emergency, I hereby give permission to the physician selected by the Director of Youth Ministries or designated youth staff to hospitalize, secure proper treatment for, or to order injections, anesthesia, or surgery for my son/daughter as named on this form.
Parent/Guardian Signature: _____ Date: _____ / _____ / _____