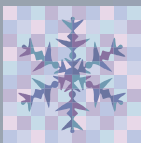


**GO GET YOUR
SNOW**

**See you at
Middle School
Winter Retreat
2012**



**FFMC Youth
Ministry Team**

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

Middle School

Winter Retreat 2012



Simmons Family Cabin

February 10-12



Near Crystal Mountain Ski Resort

Middle School Winter Retreat 2012

When: Friday, February 10 to
Sunday, February 12, 2012

Friday Departure: 4pm @ FFMC

Sunday Arrival: 4pm @ FFMC

Where: Simmons Family Cabin near
Crystal Mountain Ski Resort
17117 Alpine Drive East, Enumclaw
Cabin Phone: (360)663-0322

Why: Because we want to have a
mountain top experience with God!!

Highlights: Snow! Snow! Snow! Time
in God's Word. Friday night *Wild
Wonders Moonlight Hike* @ Crystal
Mountain (snowshoes provided).
Games. Hot cocoa. Hot tub. Playing
in the snow. (Did we mention snow?!)
Great food. Wonderful friends.

Trip Cost: \$80 per person. Make
checks payable to *First Free Methodist
Church*. Scholarships are available—
contact Stephanie Chatfield.

THERE IS LIMITED SPACE!

Turn in your Registration Form and
Trip Cost to Stephanie Chatfield or
church office by Sunday, February 5!

Packing List

- ◆ Warm outside/snow attire
- ◆ Warm winter boots/shoes
- ◆ Warm sleeping attire and slippers
- ◆ Warm inside clothes
- ◆ Sleeping bag, pillow, sleeping pad
- ◆ Two towels and a washcloth
- ◆ Toiletries (DEODORANT!!!)
- ◆ Bible and pen
- ◆ Swimsuit for hot tub (one piece
suits for girls)

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 the cabin. 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: _____ / _____ / _____