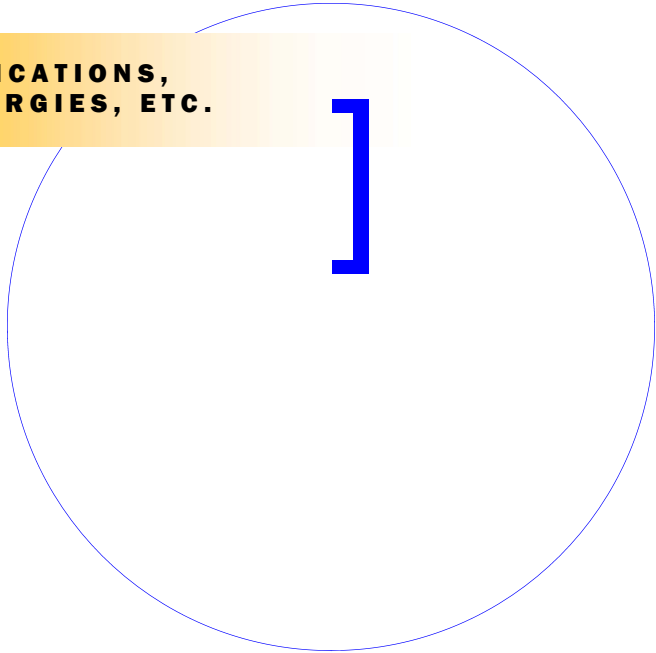


**MEDICATIONS,  
ALLERGIES, ETC.**



**FFMC YOUTH**

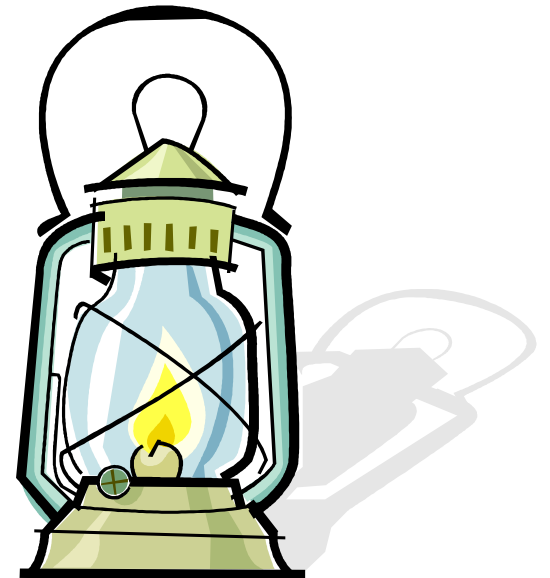
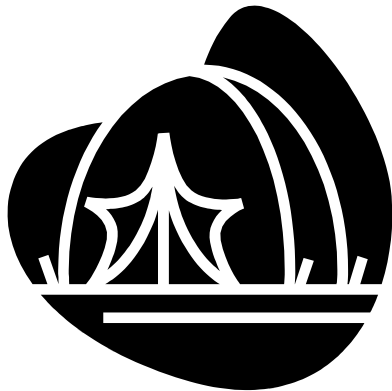
**MIDDLE SCHOOL  
CAMPING TRIP 2011  
AUGUST 24-26**

**LEAVENWORTH  
& PLAIN, WA**

**FFMC YOUTH MINISTRIES**

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

Phone: 206-281-2240  
Fax: 206-281-2217  
E-mail: [stephanie@ffmc.org](mailto:stephanie@ffmc.org)



**CONTACT -  
STEPHANIE CHATFIELD  
CELL (206) 251-4641  
WORK (206) 281-2240  
STEPHANIE@FFMC.ORG**

## CAMPING TRIP INFORMATION

### ALL THE DETAILS

Meet at FFMC at 10am on Wednesday to load bags and say a prayer. Please make sure to pack a sack lunch with a water bottle. We will stop at Deception Falls on our way to eat our lunches. Once at Stonewater Ranch, we will set up camp and explore the grounds. On Thursday morning, get ready for a ropes course challenge as a team! We will also be able to swim in Lake Wenatchee. On our way back to Seattle on Friday, we will stop at Bridal Veil Falls for a hike. We'll arrive home in time to unpack and clean the van. Pick up will be 6pm. We look forward to having you join us!

### COST AND DUE DATE

The cost of this trip, which includes camping, food, travel and ropes course, is \$70. If you are in need of financial assistance, please contact Stephanie.

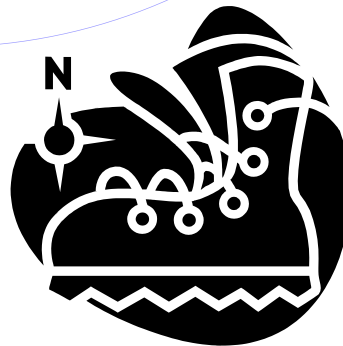
The \$70 balance, completed and signed Registration (right) and Medical Release Form (fill out both sides) are due when we leave on Wednesday, August 24.

### PACKING LIST

Clothes for warm and cool days; warm clothes for nighttime; sunscreen; hiking/walking shoes; sandals, preferably ones you can wear in water; sunglasses; sleeping bag; pillow; sleeping pad; towel; soap; deodorant; other toiletries; swimsuit; Bible; journal; pen or pencil; extra spending money if you would like; necessary medications; camera; WATER BOTTLE.

You will need to give any medications to Stephanie before we leave on Wednesday.

There is no need to bring tents as there will be tents already set up for us.



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

In case of an 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: \_\_\_\_\_