

Inviting all 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders for a great weekend at the...

# Jr. High Retreat

## February 14<sup>th</sup> – 16<sup>th</sup> at Camp Blue Diamond Salvation for the World!

Join us as we welcome special guest Pastor and Director of the American Rescue Workers in Hollidaysburg, Chris Fuska! "Christ understood we are not all the same, from the way we look to our different talents, we are diverse as human beings, but that doesn't mean we can't all be accepted by Jesus Christ. Our focus will be on Christ's teachings on how His salvation is for the world, not just certain people, towns, churches, states or countries." We look forward to hearing Chris's message and seeing you there!

**Cost \$75**

Special Discount

Pay only \$70 if you register by Jan. 31<sup>st</sup>

Who: All 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Graders

When: February 14<sup>th</sup> - 16<sup>th</sup>; 7 pm Fri - 1:30 pm Sun.

Where: Camp Blue Diamond

What to bring: Sleeping Bag & Pillow, Bible, Dance Moves, Flashlight and Warm Clothing for Playing Outside



Please complete the form below, and send it, along with payment to:

**Camp Blue Diamond, PO Box 240, Petersburg, PA 16669**

Make checks payable to: **Camp Blue Diamond**

Questions: call (814) 667-2355 or email: [info@campbluediamond.org](mailto:info@campbluediamond.org)

Name: \_\_\_\_\_ Gender: M / F Grade: \_\_\_\_\_

**Jr. Hi Retreat**

Street: \_\_\_\_\_ Phone: \_\_\_\_\_ Congregation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Parents:** I give my child permission to attend the **Jr. High Retreat at Camp Blue Diamond on February 14-16, 2025**. I authorize the leaders to act in any emergency and give permission to the physician selected to hospitalize or secure treatment as needed. Should it become necessary for my child to return home for any reason prior to closing, I will abide by the decision and provide transportation. I give permission to use pictures of my child in District and Camp Blue Diamond brochures & publicity.

Medications: Bring in Original Bottle w/ Instructions: \_\_\_\_\_

Allergies or dietary restrictions: \_\_\_\_\_ Child covered by Medical/Hospital Insurance: Y / N

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Check  Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security # \_\_\_\_ Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_