YOUTH RETREAT

January 15th-January 17th at Camp Blue Diamond
Youth Grades 9-12

"SERVANTHOOD"

Join us at Camp Blue Diamond as we welcome Marissa Witkovsky-Eldred for our Youth retreat! Marissa is the Co Director of Brethren Volunteer Service and Coordinator of Short-Term Service (Faith X). Throughout the weekend, we will be diving into what it means to be a servant in our communities. In the Church of the Brethren, we believe that serving our neighbors is an important aspect of following Jesus; we are learning how to practice compassion and generous giving. Marissa will be sharing some information about Brethren Volunteer Service, Faith X, and other service opportunities available for high school students. Please join us in this fruitful weekend!

Cost $100

Special Discount

Pay only $95 if you register by Jan 4th

Who: All 9th, 10th 11th and 12th Graders

When: January 15th – January 17th

Registration Begins 7 pm Fri.

Retreat Ends 1:30 pm Sun.

Where: Camp Blue Diamond

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

Get ready for this awesome weekend at Camp Blue Diamond! We will be having tons of fun with some of your favorite counselors and Camp favorites. There will be games, singing, bible study, and more. If the weather is right, we will be sled riding! Sign up Today!

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*

✪ to receive early registration discount, mail must be postmarked by January 4th ✪

Youth Retreat

Name _____ Phone _____

Street _____ City _____ Zip _____ Gender: M F

Congregation _____ Grade ____ ☐ Mailing a Check ☐ Paying by Card

Card Number ____/____/____/____ Exp. Date ____/____ Security#____ Name on Card_____

Parent/Guardian: I give my child permission to participate in the Camp Blue Diamond Youth Retreat on Jan 15-17. 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. Also, I give permission to use pictures of my child in brochures and other publicity used by Camp Blue Diamond.

Signed _____ Date _____ Parent's E-mail _____

Camp Blue Diamond, Inc.
P.O. Box 240
Petersburg, PA 16669

Non-Profit
Organization
U.S. Postage
Paid

Huntingdon, PA

Or Current
Resident

Camp Blue Diamond's

YOUTH RETREAT

"SERVANTHOOD"

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Look for details on our EARLY REGISTRATION DISCOUNT – January 4th!!!

Medical & Insurance Information

Allergies: list all known *(include medications, foods, and environment)*_____

_____

List medications being brought to camp: (be sure to bring them in original bottles with instructions)
_____

_____

Is the participant covered by family medical/hospital insurance? Y N

Insurance carrier or plan name: _____ Group #: _____

Carrier address/phone: _____