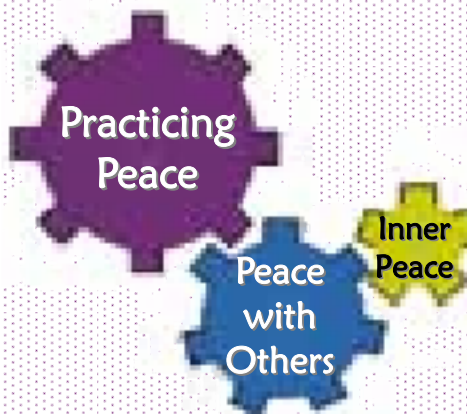


YOUNG FRIENDS MID-YEAR GATHERING



March 12-13, 2010

**New Hope Friends Meeting
Goldsboro, NC**

**Friday Registration starts at 7:30pm
Ends Saturday at 8:30pm**

LOTS OF FUN AND FELLOWSHIP!!!

6th grade through Senior in High School

**Chaperones
Needed!**

Activities

Friday: Registration, Games, Late Night Fun

***Saturday: Breakfast, Devotions/Small Groups,
Off-site (Lunch, Fun and Service Project), Banquet, Worship***

Registration Available Online at www.ncym-fum.org



**We can help
coordinate
group travel.**

Cost \$20.00

SPEAKERS:

**Saturday Night Worship
David & Linda Kusse-Wolfe
Recently returned from Iran-worked with
Muslim/Christian Exchange Program.**

**Stuff to bring:
*Sleeping bag, pillow,
toiletries, swimsuit and
towel, Bible, a little
spending money, a "ready
to have fun- serve God
with friends" attitude!***

Young Friends Mid-Year Gathering 2010

NAME _____ Male _____ Female _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

E-MAIL: _____ FULL BIRTHDATE ____/____/____ AGE _____

School Grade/College Year Now _____ Check this box to register as a counselor

MEETING OR CHURCH YOU ATTEND _____

TRAVEL PLANS: Will you be coming with parents _____ Youth Group _____ Other _____

Estimated arrival time: _____

Will you be staying for the dinner Saturday night? **yes** ___ **no** ___
(For catering purposes, please answer this question)

MEDICAL INFORMATION

MEDICAL INSURANCE COMPANY _____ Phone# _____

POLICY HOLDER _____ POLICY NUMBER _____

DOCTOR'S NAME _____ PHONE _____

MEDICINE APPLICANT IS USING UNDER DOCTOR'S ORDERS _____

ALLERGIES OR OTHER HEALTH PROBLEMS _____

EMERGENCY CONTACTS & TELEPHONE NUMBERS _____

IN THE EVENT IT BECOMES NECESSARY TO SECURE MEDICAL ATTENTION FOR _____ DURING THE PERIOD SHE/HE IS A PARTICIPANT IN THIS ACTIVITY, ADULT LEADERS ARE HEREBY AUTHORIZED TO EXECUTE BY AND ON BEHALF OF THE YOUTH'S PARENT/GUARDIAN, THE PROPER MEDICAL TREATMENT.

SIGNED _____ DATE _____

PARENT/GUARDIAN

Registration available online at www.ncym-fum.org

or call the office for more info: 336-292-6957

ALL OTHER REGISTRATIONS MUST BE SENT TO:

NCYM, 4811 Hilltop Road, Greensboro, NC 27407 by March 5th with the \$20 registration fee.

CREDIT CARD PAYMENT

Visa MasterCard Account Number: _____ Amount: _____

Cardholder's Name: _____ CVC # _____ (3 digit) Expiration Date: _____
(PLEASE PRINT)

(SIGNATURE)

**This transaction will appear on your statement as charged to NC Yearly Meeting.
This information will be kept confidential in a secure location.**

Young Friends Guidelines

Everyone is expected to follow all guidelines, and failure to do so will result in disciplinary action.

- If you need to be gone at any time during the event, to work or other obligations, you need to arrange your schedule in advance with the directors at registration.
- I realize that photographs, video, articles, statements, names, music or art by my child will be used in promoting other North Carolina Yearly Meeting activities.
- All information or pictures related to this event that I post on the internet (Facebook, MySpace, etc.) will be of good taste and reflect Christian character.
- Respect all other participants and their property, as well as, the property of the facilities.
- At lights out everyone is expected to be in their own room/cabin.
- Attendance is expected at ALL sessions
- Everyone is expected to clean up their own room/cabin and leave furniture arranged as it was found.
- If you are taking prescription drugs of any kind you must report this to the directors in charge of the event.
- It is not acceptable during events to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variation.

ABSOLUTES

(Disciplinary action will be sending you home at your expense!)

No possession or use of tobacco products (cigs, dip, chew, etc.), alcohol, or non-prescription drugs, knives, firearms, or fireworks.

Sleeping areas are off limits to members of the opposite sex.

***** I have read the above guidelines and agree to follow them at the event.*****

_____ Printed name of Participant	_____ Signed name of Participant	_____ Date
_____ Printed name of Parent / Guardian	_____ Signed name of Parent / Guardian	_____ Date