

Registration
@ 7pm—Friday

Questions?
Call Darrin Allen
336-292-6957
Or
Sarah Vestal
336-266-5249

Check-out
@ 9am—Sunday

True Love Waits

February 19th-21st, 2010
@ Quaker Lake Camp

Speaker

Tim
Vestal

What to Bring!
Sheets/Sleeping Bag
Pillow

Toiletries
Clothes

(including dress clothes for banquet)
Bible / Pen

The purpose of the NCYM **True Love Waits** Retreat is to provide a safe environment for our Young Friends to work through issues of sexuality.

We want to make sure teenagers are equipped with Biblical knowledge, taught Christian guidelines, and are aware of God's forgiveness.

This event is recommended for youth ages 13 through seniors in high school. Participants should be sure to have a parent/guardian to read and sign the Parental Consent form.



If your Meeting is more than an hour away, please call Sarah Vestal or e-mail her at svestal@ncym-fum.org. She'll help set up arrangements to visit a local meeting. Please leave her your phone # so she can get back in touch with you.
Remember, everyone will be leaving Quaker Lake by 9am Sunday!

Fill out forms & send them to NCYM by **February 5th, 2010** with the **\$30 Registration Fee!**
Chaperones come for free, but must fill out a registration form.

True LOVE WAITS 2010

**Register and pay \$30 by February 5th (Counselors attend for free but must contact Darrin)
Make checks payable to NCYM / designated for True Love Waits and mail to:
4811 Hilltop Road, Greensboro, NC 27407
MAY PAY BY CREDIT CARD (See Below)**

PLEASE PRINT

Name: _____ Male ___ Female ___

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Date of Birth: _____ Age: _____ Grade in School for '09-'10: _____
(MM / DD / YY)

Parent(s) or Guardian(s) _____

Do you attend a Friends Meeting: Yes No Meeting/Church you attend _____

Roommate request: _____

MEDICAL INFORMATION

Insurance Company _____

Policy # _____ Phone # _____

Policyholder's Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Date of last Tetanus Shot _____

Medications Participant is using under doctor's orders _____

Allergies or other health problems _____

Emergency Contacts' Names & #s _____

In the event it becomes necessary to seek medical attention for _____
during the period she/he is a participant in this event, I hereby authorize the leaders to execute the proper treatment for the
above participant.

Signed _____ Date _____

ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE

I have enclosed \$_____ of my \$30.00 registration fee
Counselors (out of High School) attend for free but MUST register AND contact Darrin Allen prior to the event.

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.

True LOVE WAITS

Parental Consent form

In order to attend True Love Waits, Participants AND Parents/Guardians MUST read and sign the following:

We understand that the True Love Waits retreat will address items of a sexual nature. This retreat is designed to deal with many areas involving sex, and in order to do that, it will be necessary to address explicit language and subjects. The retreat will be used to encourage participants to commit to God's plan for sexual abstinence and purity as stated in Scripture. It will also help lead participants to God's forgiveness for past mistakes.

The national True Love Waits commitment is: "Believing that true love waits, I make a commitment to God, myself, my family, my friends, my future mate, and my future children to be sexually abstinent from this day until the day I enter a biblical marriage relationship."

We have read and understand the nature of this retreat, and therefore grant

permission for _____ to attend this event.
print participant's name

Parent/Guardian's signature _____

I, the participant, have read and agree to follow all guidelines with the understanding of the level of maturity expected at the event.

Participant's signature _____

Mail this form in with your payment to the Yearly Meeting Office by
February 5th!

NC Yearly Meeting
4811 Hilltop Rd.
Greensboro, NC 27407

(336) 292-6957
ncfriends@ncym-fum.org

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