

HBC SPRING RETREAT '18

Location: Gulf Shores Beach Retreat, 1054 West Beach Blvd, Gulf Shores, AL 36547

Phone: (251)948-8800

Website: <http://www.gulfshoresbeachretreat.com/>

Other #'s: Pastor Donald (334)221-2009 – Cell
Katherine Payne (334)549-1587 – Cell

Itinerary: Departure from HBC 4:00pm, Friday, April 13th
Return to HBC 4:30pm(ish), Sunday, April 15th

WHAT TO BRING:

- Bible, Quiet Time Book, Notebook/Paper, Pen/Pencil!!!
- Signed Medical Release form (below)
- Toiletries: Toothbrush, Toothpaste, Soap, Shampoo, Wash Cloth, Shower Shoes, Towel
- Sleeping Bag or Twin-size Sheets & Blanket, Pillow, Sleep-wear (**remember modesty!**)
- Change of Clothes for 3 days (and plan for the weather, just in case)
- Flash Light / Frisbee / Football / Soccer Ball / Board Games / Volleyball, etc. (for free time)
- Beach Towel, Sun Screen, Hat, Swimsuit (**remember modesty! Guys – nothing too tight or short; Ladies – a one piece, a swimsuit that covers the torso, or a T-shirt to wear over your swimsuit**)
- Money – for dinner on the trip down (fast food) & any spending money you may want
- Snacks, Munchies, or whatever you call them...

RULES:

1. Have fun!!!
2. Be respectful of others...Treat others as you want to be treated. (Matt. 7:12)
3. Pay attention...don't talk when someone else is talking. (Prov. 4:20)
4. You MUST use the "Buddy System" (of the same gender) at all times.
5. Always tell a chaperone where you will be & never go alone (see rule #4)
6. Have fun!!!

Jesus sent the disciples out in pairs & so do we!

Please Detach & Return

Medical Release Student's Name: _____
Address: _____
City, ST Zip: _____
Person to Notify: _____
Phone: _____

In the event of an emergency, where medical treatment is required, I give my permission to the church staff, or sponsor, to obtain the services of a licensed physician for treatment of my child listed above. I understand that every effort will be made to contact me immediately concerning any such emergency. Comments and/or Medical Information (i.e. Any Routine Medications, Allergies, Food Allergies, Asthma, Diabetes, etc.):

Date

Signature of Parent/Guardian