

# GETAWAY



TAYLOR BROWN



MADISON CHRISTIAN



SEPTEMBER 28-29  
6TH-8TH GRADE

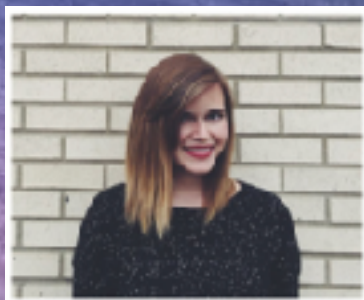
# OZARK

CHRISTIAN COLLEGE

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# Trip Information...



## **Cost:**

Registration is \$40. Each student will also need to bring money for two meals on the road.

## **Registration:**

To register just complete the attached forms (2) and turn your \$40 into Zach by Sunday, September 9th.

## **Housing:**

We will be staying in the dorms at Ozark Christian College in Joplin, MO. Each student will need to bring a seeping bag and pillow.

## **Schedule of Events:**

### **Friday:**

Meet at WCC @ 1pm  
5:00 Dinner  
6:30 Doors Open  
7:00 Main Session  
8:30 Youth Group Time  
9:30 Late Night Fun Activity

### **Saturday:**

9:30 Main Session  
10:45 Group Time  
11:30 Service Project  
2:45 Closing Session  
4:00 Head Home  
6:00 Dinner  
Arrive at WCC by 7pm

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent email \_\_\_\_\_

Student Cell # \_\_\_\_\_ Parent Contact # \_\_\_\_\_



The student above has my permission to participate in the Movie Night with Wallula Student Ministries. I give permission for Wallula Christian Church and it's representatives to seek necessary medical attention during the activity. I further release Wallula Christian Church from any responsibility to injuries sustained during the activity.



## Teen Event Permission Form

Student's Full Name: \_\_\_\_\_  
(Last, First, M.I.)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student's Phone: \_\_\_\_\_ Birthday (mm/dd/yyyy): \_\_\_\_\_

Student Email: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ Home Church Name: \_\_\_\_\_

I do not wish to be put on the OCC mailing list.

### Insurance and Health Information

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

### Parent/Guardian Consent

Required for those under 18 years of age

*in the event of an emergency, I give permission for my son/daughter to receive medical treatment.*

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Emergency Number: \_\_\_\_\_ Date: \_\_\_\_\_

*Your child's attendance constitutes permission for OCC to use their likeness in future communications.*