

SCHEDULE

FRIDAY, MARCH 5TH

5:30 PM - CHECK-IN AT CMC CHAPEL (DINNER PROVIDED)

7:30 PM - WORSHIP SESSION 1

9:00 PM - DISMISS TO HOST HOMES

9:30 PM - SMALL GROUP 1

10:30 PM - BREAK

11:00 PM - LIGHTS OUT!

SATURDAY, MARCH 6TH

8:00 AM - BREAKFAST & QUIET TIME

9:00 AM - SMALL GROUP 2

11:00 AM - WORSHIP SESSION 2

12:30 PM - LUNCH AT CMC

1:00 PM - SERVE, CONNECT, GROW

5:45 PM - DINNER AT HOST HOMES

7:30 PM - WORSHIP SESSION 3

9:15 PM - DISMISS TO HOST HOMES

9:45 PM - SMALL GROUP 3

10:45 PM - BREAK

11:30 PM - LIGHTS OUT!

SUNDAY, MARCH 7th

BREAKFAST AT CMC CAFE

10:45 AM - WORSHIP AT CMC

12:00 PM - PARENTS PICK UP AT CMC

STUDENTS ARE NOT ALLOWED TO DRIVE FIF A STUDENT MUST LEAVE, A PARENT OR GUARDIAN MUST PICK UP & RETURN.

A TIME-AWAY CARD IS REQUIRED.

EACH STUDENT MUST HAVE A COMPLETED CMC MEDICAL RELEASE ON FILE. Please turn in to angie strawn by Friday, March 5.

PACKING LIST

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PILLOWS

TOILETRIES

TOWEL

CASUAL CLOTHING

JEANS (TO WEAR SUNDAY WITH EVENT T-SHIRT)

BIBLE & PEN

SNACKS & DRINKS TO SHARE

OPTIONAL: MONEY FOR MERCH (PRICES BELOW)

DO NOT PACK:

VAPES, TOBACCO PRODUCTS, ALCOHOL, ILLEGAL DRUGS, GUNS, KNIVES, EXPLOSIVES, EXPENSIVE ITEMS, LOTS OF CASH

MERCH PRICES

SWEATSHIRTS - \$25

HATS - \$15

T-SHIRTS - \$10

STICKERS - \$1

OUR MERCH TABLE ACCEPTS CASH, CHECK, CREDIT CARD, & VENMO.

EMERGENCY CONTACT

SAM BOWMAN - 470-538-0956 Leader info available upon request



UNITED WKND TIME-AWAY CARD

Name:
Reason for time away:
Day / Time to be away:
Day / Time to return:
I am aware that my child will be away from the events at United WKND for a brief time and I give my permission for him/her to do so.
Parent's Signature:
It pains my heart to have to leave the events of United WKND. I tear up even thinking about it, but alas, I must be gone if but a short while. I will return promptly and with enthusiasm as soon as possible.
Student's Signature:
Any other details we should know?

2020-2021 Chestnut Mountain Church Student Ministry Medical Release & Photo/Video Permission Form

Name	very Chestnut Mountain participant MUST complete and sign this form once annually and is valid from August 1, 2020 - July 31, 2021 Date of Birth///				
Last	First				
School	Grade	T-Shirt Size			
Parent (Legal Guardian) Name	Phone(s)				
AddressStreet	City	 State Zip			
Email Address		Zip			
Medical Insurance Co	Policy #	Group #			
Policy Holder's Name	Relationsh	p			
	ealth History & Information	unhoid Polio			
miniumzation status. (Gileuk a	ıll up to date)	ypnoiu rono			
Asthma - (Does this person need to keep the in	nhaler to use as needed? Yes	No)			
Allergies - please list:					
Insect Stings/Bites-	DiabetesKidney Troubl	eHeart TroubleOther			
Medications & Dosage:					
** DO WE NEED TO ADMINISTER	R MEDICATIONS TO THIS PERSON?	Yes No **			
Restricted Diet - Explain:					
To be filled out by the pa	Medical Waiver arents or legal guardians of participants under 18	vears of age.			
•	or legal guardian of ody, and control. I hereby give my child, the said n	, a minor, hereby ninor, my express permission to participate in			
In the event there arises an emergency necessitating medical its representatives, or any attending physician to make such discretion is necessary and proper under the circumstance.		•			
l, the undersigned parent and/or legal guardian of hold Chestnut Mountain Church, or its representatives, from a incurred by said minor during an activity/event.	, a minor, any and all legal action, damages, or liabilities aris	do release, acquit, discharge, and covenant to ing out of the treatment of any sickness or injury			
l also understand that as a participant, my child may be photo promotional materials and/or the church website.	ographed or videotaped during church sponsored a	ctivities and these photos/videos may be used in			
Parent/Guardian		Date: / /			

Signature Revised 7/31/2020