

Directed by Pastor David J. Hardie and the Sessamen Bros

**Ryan Paskey Speaking!**

**Oct 23rd to 25th**

**Grades 8th - 12th**

**Starts Friday @ 6:00pm**

**Ends Sunday @ 1:00pm**

# Suncrest Masquerade

Senior High Fall Retreat

**Flag Football, Bonfires  
Roofbeer Kegs, Awesome prizes  
Buy one get one free shirts!  
Tons of games and events!**

We are having a great Sr High Suncrest Fall Retreat! Bring COSTUMES! (nothing violent or sexually explicit) Best one wins an awesome prize! Tons of costume themed games and events! Spread the word and bring a friend!

**All registrations must be in by Oct 13TH!**

**FOR MORE INFO GO TO WWW.SUNCRESTYOUTH CAMP.COM**

**Mail TO:**

Pastor David J. Hardie  
3629 37th Street Extension  
Beaver Falls, PA 15010



**Which youth group** \_\_\_\_\_

**Or Desire to room with: (List no more than 3):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_  
**Cell:** ( ) \_\_\_\_\_  
**Parent's email address:** \_\_\_\_\_  
**Camper's Email Address:** \_\_\_\_\_  
**Church:** \_\_\_\_\_ **Youth Pastor:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**T-Shirt Size:** YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**Registration must be filled out completely to be accepted**  
Remember to enclose your \$25 registration fee..  
**Checks should be made payable to: Suncrest Camp**

# \$25

 Per Student

Check/Money Order # \_\_\_\_\_

**QUESTIONS? CALL 724-417-4507**

email:suncrestman@hotmail.com

We have access to a nurse for minor cuts and bruises and for special medication distribution. Local EMT's would be called for a more serious injury or illness. We utilize Cranberry UPMC. Insurance covers all accidents in relation to camp, but not pre-existing or chronic conditions. If the student is allergic to anything or has ever had Epilepsy, Asthma, heart issues or anything else that we should know about please write us a detailed note explaining the situation. Also if they take any medications please list them in the note as well.

**Date of Last Tetanus Shot** \_\_\_/\_\_\_/\_\_\_

**May over the counter medications (Tylenol, Advil etc.) be given to your child?** \_\_\_\_\_

**Is there any chronic illness?** (If yes, please explain with a separate note.)

In case of medical emergency, I understand that local hospital policy requires parental permission before treatment and/or hospitalization. Therefore my signature below releases my son or daughter to receive proper medical treatment.

I also give permission for my child to attend Suncrest Camp and participate in all of the activities of the Retreat. I also give permission for pictures and film of my child to be used in future promotional videos and brochures with the intent of promoting Suncrest Camp. I will not hold Suncrest Camp responsible for injuries that may occur during the weekend.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Child will be picked up by (name of guardian)** \_\_\_\_\_

\* If there is a possibility that your child may be picked up by an unauthorized individual please specify on a separate sheet of paper.