

MIDDLE SCHOOL RETREAT



1st, 2nd & Grace Presbyteries

MARCH 15-17, 2024

SPEAKER: CHANDLER MACHEMEHL

Contact Paul Lawing (paul.lawing@gmail.com) with questions.

Registration Information

Registration and payment will now be completed through Bonclarken.
Please follow the steps below to register your group for the retreat.

Step 1: Click this link to register your group! You will need to pay the deposit in order to register your group. If you are unable to pay online, please contact Emma Robinson at emma@bonclarken.org.

<https://bonclarkenarpevents.campbrainregistration.com>

Step 2: After you register, you will receive an email with links to the release forms to be completed online. Share this link with your students and leaders. You will need a release form for each student and leader attending the retreat.

Step 3: Print the medical form and complete one for each student attending. You will keep these forms with you in case of a medical emergency.

REGISTRATION DEADLINE: MARCH 1

**Pricing - \$80 for Bonclarken Housing / \$60 for Private Housing
\$40 non-refundable deposit per person**

Registration after March 10 will be based on availability.
Contact Bonclarken to register additional students.

BRING YOUR OWN LIGHT COLORED T-SHIRT FOR SCREEN PRINTING

Each student will be able to screen print one item (hoodies, t-shirts, etc.).
Youth groups will sign up for a time at the retreat.

Retreat Information

On behalf of the Middle School retreat planning committee, we are so excited to plan and have this retreat in 2023! We offer this retreat for your churches, particularly to your Middle School students, encouraging growth in their faith as believers in Jesus Christ. Our hope is that you will take advantage of this retreat, allowing the youth of your churches and communities to get away from their busy lives and spend a weekend in the mountains while hearing about Jesus.



SPEAKER: CHANDLER MACHEEHL

Chandler is an assistant pastor at Downtown Presbyterian in Greenville, South Carolina. He's originally from Atlanta, met his wife, Allison, at the University of Georgia, and they have three kids. Chandler enjoys golf, eating at Waffle House with his family and jogging very slowly.

MUSIC: REV. JOSH HJEMVICK

Rev. Josh Hjenvick is the Associate Pastor to Youth and Families at First ARP Gastonia. Husband to Kim and father to Levi. Josh enjoys hiking, reading, music - both listening and playing, good coffee, and board games.



PACKING LIST

- Bible, notebook, pen or pencil
- Toiletries
- Pillow
- Sleeping bag/Sheets
- Shoes for activities
- Weather Appropriate & Modest Clothing



COVID-19 INFORMATION

- Please inform your group of Bonclarken and state of North Carolina COVID-19 guidelines.
- Please encourage your attendees to respect other Bonclarken guests and staff by following all guidelines and posted signs while on campus.
- Please ask individuals who have had COVID-19 symptoms or exposure and/or a positive COVID-19 test within the 14 days prior to your event to stay home unless cleared by a physician to resume normal activity.
- Please notify Bonclarken immediately if an attendee develops symptoms while on campus. Make a plan to isolate that person immediately until they can return home.
- Please notify Bonclarken if an attendee informs you of a positive COVID-19 test within the two weeks following your Bonclarken event.

Thank you!

MEDICAL FORM FOR MIDDLE SCHOOL RETREAT

(to be held by Participant's Group Leader)

Participant Name _____

Street Address _____ City _____

State _____ Zip _____

Date of Birth ____ / ____ / ____

Primary Guardian Name _____

Telephone _____ Secondary Phone _____

Medications Taken Regularly _____

Date of last tetanus shot: _____

Allergies _____

Specific reasons to be restricted:

Insurance information

Insurance Company _____

Policy # _____

Address _____

Medical Authorization and Release

In case of a medical emergency I understand every reasonable effort will be made to contact parent(s) or guardian(s) of participant, using the information set forth above. In the event parents or guardians cannot be reached, I give permission to the physicians and hospitals selected by the above participant's group leader to administer to the child named above the medical and surgical treatment then believed to be in the best interest of the child.

The medical information on this form is complete and correct.

I shall not hold the leaders of the high school retreat or the retreat director liable for any injury to the participant while on the retreat.

I certify that I am authorized to grant this authority and release.

Parent/ Guardian _____

Date _____