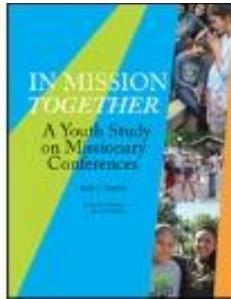
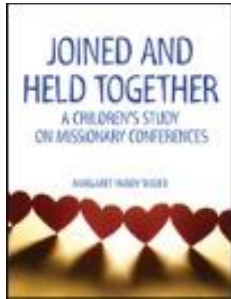


YOUTH SCHOOL - WELCOME

Come join the United Methodist Women and Board of Laity for spiritual growth and to expand your knowledge and concepts of mission. The 2017 studies are:



In Mission Together: A Mission Study for Youth

The youth study focuses on the three U.S. missionary conferences of The United Methodist Church: Alaska United Methodist Conference, Oklahoma Indian Missionary Conference and Red Bird Missionary Conference. It also offers opportunities for youth who are interested in relationship-building and hands-on mission.

Joined & Held Together: Children's Study on the Missionary Conferences – This study affords children the opportunity to learn about the missionary conferences in the United States.

Asst. Dean: Marcia Bent
marciabent@yahoo.com



REGISTRATION / MEAL INFO.

Check-in begins at 9 AM on Friday, July 14th with lunch at 11:30 AM. The MISSION u event will conclude around 3:30 PM on Sunday, July 16th. Meal Plan: 2 breakfasts, 3 lunches, 2 dinners. Commuters receive 3 lunches and 2 dinners.

ALL INCLUSIVE: REGISTRATION, MEALS & ACCOMMODATIONS

Rooms	Postmarked before 6-20-2017	Postmarked after 6-20-2017 thru 7-01-2017
Teens (Grades 9-12) Double /Triple/Quad	\$225	\$250
Youth (Grades 5-8)	\$175	\$200
Children (Grades K-4)	\$90	\$115

Included in the cost is a \$100 (youth & teens) Non-refundable registration fee.

No registrations accepted or refunds given after 7-01-2017

The above costs are for EACH PERSON sharing a room. Youth and children **must** be in a room with their parent/sponsor or chaperone.

The School **will not** assign roommates. Separate registration forms are required for each person.

Roommates should send information together.

Include payment in full with check payable to "NYC Mission u" and send to: Karen Prudente, 280 First Ave #3B, New York, NY 10009
Questions? Contact: Karen at 212-381-2187 weekdays or 212-674-1638 evenings or kgprud57@yahoo.com

YOUTH REGISTRATION Teens (Grades 9-12); Youth (Grades 5-8); Children (Grades K-4)

Please print and complete each line. Will need an email address to send confirmation.

NAME	
STREET ADDRESS	
CITY	
STATE	ZIP
PHONE	
EMAIL	
DISTRICT	
DATE OF BIRTH	GRADE/FALL OF 2017

Health/Dietary Concerns

Accommodations

Interpreter Tactile Mobility

Room Choice

double triple quad commuter

AMOUNT ENCLOSED _____ Ck # _____

ROOMMATE (s) _____

Female Male

1ST TIME TO MISSION U? Yes No

Applied for Jo Gibson scholarship Yes No

Name of Sponsor _____

CONSENT FORM

To whom it may concern: The undersigned does hereby give permission for:

(Full name of Child)

to attend and participate in activities sponsored by the MISSION u / Youth School **July 14 – July 16, 2017**. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision and on the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for our (my) child to return home due to medical reasons, or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the MISSION u. I consent to the use of my child's image or voice in photographs, audio and/ or video recordings taken during the course of the event for the purpose of promoting MISSION u.

Insurance: ___YES ___NO

Insurance Company _____

Policy # _____

Allergies _____

Medical Conditions _____

Youth Participant signature _____

Parent/Guardian signature _____

Parent (Print Name) _____

Emergency contact phone _____

Email _____

**Karen Prudente
280 First Avenue #3B
New York, NY 10009**

NEW YORK CONFERENCE UMC
*United Methodist Women and
Conference Board of Laity*

2017 Youth MISSION u School



*Planting Seeds for the
Beloved Community of
Disciples*

July 14 - July 16

THE HILTON STAMFORD

1 First Stamford Place
Stamford, CT 06902

Google: Hilton Stamford Hotel

