



Grades 9-12  
**Beulah Beach  
 Campground**  
 Vermillion, OH  
 April 28 - 30

**Cost:**

\$110- which covers food, games, sports, seminars, housing and MORE

The Official **BREAKAWAY 2017** T-shirt cost is \$15.

Other Hardwear apparel will be on sale at the retreat.

**BREAKAWAY 2017 Senior High Youth Retreat registration cost is \$110. Return your completed medical form (below) and a \$20 non-refundable deposit to your group leader by \_\_\_\_\_.**

**What to bring ...**

- Bible, pen, & notebook
- Casual clothing
- Jacket
- Toiletries
- Sports equipment (if desired)
- Spending money for extras
- Towel and washcloth
- Pillow
- Sheets for a single bed & sleeping bag or blanket

\*Housing is on site or in a hotel. Group leaders can indicate preferences and we will seek to accommodate your request.

WPA District of the Christian and Missionary Alliance  
 341 N Chestnut Street, Pottsville, PA 17677  
 Phone: 814-938-6920 - Email: [pizzkern@cmawpa.org](mailto:pizzkern@cmawpa.org)  
 We are on the web: [www.cmawpa.org](http://www.cmawpa.org)



**Speaker: Gary Witherall**

Gary has an incredible story to tell of how God has ministered to him as he has served the Lord in some of the hardest to reach areas of the world. Gary, Helena, and his family are currently ministering to Syrian refugees in Germany.

**Worship: About a Mile**

From Butler Community Alliance Church, the band About a Mile, consists of brothers Adam, Luke and Levi Klutiny, and they are excited to usher us into the presence of King Jesus.



**STUDENT:** A \$20 deposit is due along with your registration form to your Youth Pastor / Group Leader by your group deadline above.  
**GROUP LEADERS:** Turn in your group's registration form to the District Office by March 23.

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Do you wear:  Glasses or  Contacts. Please list any medications, health problems, or allergies: \_\_\_\_\_

Name of Parent/Guardian (Relationship to Student): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby consent to emergency medical treatment necessary in the unlikely event of an accident during my child's involvement with the **Breakaway Retreat**. In the event that I cannot be reached in an emergency, I hereby give permission for any treatment deemed necessary by the licensed physician selected by the youth leader of my child's church. I also release The Christian & Missionary Alliance, Beulah Beach Camp in Vermilion, OH, and the Breakaway staff from liability resulting from any accident.

Parent/Legal Guardian (please print): \_\_\_\_\_

Parent/Legal Guardian (please sign): \_\_\_\_\_