

Dear Youth Leader,

We are excited to announce that this January we are hosting our third annual NT-NL HIGH SCHOOL EXTRAVAGANZA

This will take place over the weekend of January 16-18, 2015 and will combine a variety of activities:

Worship, Social Outing, Service Projects, Fun & Games Fun!

The schedule is for everyone to arrive at Calvary Lutheran Church in Fort Worth between 7:30-8:00pm on Friday. The weekend will end with worship on Sunday morning. Groups will be heading out about 11:30am.

Each group will be asked to bring water bottles for their kids and a couple of snacks to share with the larger group on Friday night. We will send out service project assignments with your confirmation letter so you will know if special tools or attire are needed. The Extravaganza Hosts will provide continental breakfast, lunch and dinner on Saturday, as well as breakfast on Sunday morning.

Housing will be in the Family Life Center at Calvary so please bring bedding and an air mattress. We have showers so bring towels and shower stuff. If congregations would prefer to stay at a hotel there are several within a few miles and we can block rooms for you. Please let us know if you would like to stay at a hotel as soon as possible so we know how many rooms to negotiate for. Any hotel costs are in addition to the \$45 registration fee and will be paid directly to the hotel. Registration is due on December 7. Please send a deposit of \$20 per youth to hold your spot. You will notice that we have dropped the cost considerably from last year since everyone is also raising money for the National Youth Gathering and we want to make this event affordable for everyone.

Blessings,
The Planning Team
NT-NLYouthLeaders@yahoo.com



## \$45 per youth . \$20 DEPOSIT DUE ON December 7, 2014

The NT-NL High School Extravaganza is for ANY youth in Grades 9-12. The event includes a group social outing, Service Projects, Worship & More!

Female Male	Youth Sponsor CHURCH/CITY:
	ZIP:PHONE#:
	=
	EMAIL (SPONSORS ONLY): registered participant for this event, I will do everything in my power
to help meaningful worship, sincere fellowship, and spiritual growth take place. I will not use illegal drugs or alcohol. I will abide by the rules of the event. I will also participate fully in the life of the event, honor the time commitments, and respect the rights of others. I understand the failure to honor this covenant will be addressed by the event staff, and that illegal activity will result in my being sent home immediately.  PARTICIPANT SIGNATURE:  PARENT'S COVENANT: I have read and discussed the materials with by daughter/son, and I recommend and support his/her attendance.  PARENT SIGNATURE:  PARENT SIGNATURE:	
MEDICAL INFORMATION: In the event of acute illness or any other medical emergency, I grant permission to the NT-NL High School Extravaganza Planning Team to secure medical aid for (name of participant). I also grant to any licensed medical aid the permission to give my son/daughter whatever emergency medical treatment that is required. I understand that I am responsible for any costs incurred.  Signature of Parent/Guardian: Please Supply All Pertinent Information: Family Physician and Phone #:	
(name of participant). I also grant to any license medical treatment that is required. I understand Signature of Parent/Guardian:  Please Supply All Pertinent Information:	ed medical aid the permission to give my son/daughter whatever emergency d that I am responsible for any costs incurred.
(name of participant). I also grant to any license medical treatment that is required. I understand Signature of Parent/Guardian:  Please Supply All Pertinent Information:	ed medical aid the permission to give my son/daughter whatever emergency d that I am responsible for any costs incurred.
(name of participant). I also grant to any license medical treatment that is required. I understand Signature of Parent/Guardian:  Please Supply All Pertinent Information: Family Physician and Phone #:	ed medical aid the permission to give my son/daughter whatever emergency d that I am responsible for any costs incurred.
(name of participant). I also grant to any license medical treatment that is required. I understand Signature of Parent/Guardian:  Please Supply All Pertinent Information: Family Physician and Phone #:  Known Allergies:	ed medical aid the permission to give my son/daughter whatever emergency d that I am responsible for any costs incurred.
(name of participant). I also grant to any license medical treatment that is required. I understand Signature of Parent/Guardian:  Please Supply All Pertinent Information: Family Physician and Phone #:  Known Allergies:  Known Medical Problems:	ed medical aid the permission to give my son/daughter whatever emergency d that I am responsible for any costs incurred.
(name of participant). I also grant to any license medical treatment that is required. I understand Signature of Parent/Guardian:  Please Supply All Pertinent Information: Family Physician and Phone #:  Known Allergies:  Known Medical Problems:  Medications:	ed medical aid the permission to give my son/daughter whatever emergency d that I am responsible for any costs incurred.