

**One SMALL STEP
before Gathering...**

**One GIANT WEEKEND
for FUN!**



NTNL Pre-Gathering Event

April 6-8, 2018

Merkel, TX

\$40 each

(includes lodging, activities, Saturday meals, Sunday breakfast & lunch)

All of those attending the 2018 ELCA Youth Gathering Houston are invited to join us for this Pre-Gathering event!



Dear Youth Leader,

We are excited to announce that in April of 2018 we are hosting an event ELCA Youth Gathering to help the young people from our great synod to meet and do some pre-gathering activities. We hope that each congregation will prioritize this event in your timeline of Gathering preparations.

We are doing this Gathering Event in West Texas, hoping to make travel possible for every congregation. We also have a grant to help keep costs affordable for churches – knowing that the Gathering is a big investment. Some of the things we will be offering include:

Worship,
Teambuilding activities
Bible Study
Free Time
An opportunity for fellowship between churches
Time for Adult Leaders going to Houston to meet together

More details will be sent out in the fall, but we wanted you to get the date on your calendar and the calendars of your young people!

Blessings,

The Planning Team



info@ntnlyouth.org



NTNL Youth

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2018 Pre-Gathering Event Registration

___ Female ___ Male _____ Youth ___ Sponsor
NAME: _____ CHURCH/CITY: _____
GRADE: _____ PHONE #: _____ EMAIL: _____
EMERGENCY CONTACT & PHONE: _____

PARTICIPANT'S COVENANT: As a 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 my daughter/son, and I recommend and support his/her attendance.

PARENT SIGNATURE: _____

MEDICAL INFORMATION: In the event of acute illness or any other medical emergency, I grant permission to the NTNL High School 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 #:

Known Allergies:

Known Medical Problems:

Medications:

Guarantor Insurance Company:

Address:

Phone #:

Policy #:

Group #:

Make checks payable to "NTNL YOUTH" and mail checks & all forms to:
Janelle Miller, Registrar, 7620 Baker Blvd, Richland Hills, TX 76118