

FUJI Retreat

Friday, May 11 Depart 6:45 pm from First United

Return Sunday, May 13 at 11:00 am

Tower Hill Camp

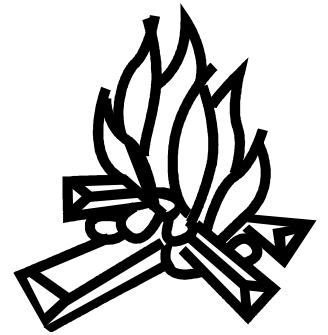
Sawyer, MI

Theme: “Unwrapped Presence” – Learn to recognize and share the gifts God has given you. We will return in time to witness the 9th grade class get confirmed in worship.

Have fun! Camp Fire-Skits-Art-Scavenger Hunt-Walking along the beach and sand dunes-Volleyball and other games-S’mores-Capture the Flag-Oh So Fun!

Bring: Towel, sleeping bag, twin sheet, pillow, 2 changes of clothes, socks and sneakers, flip-flops, water bottle, shower stuff, deodorant, any necessary medications (please inform Leah on registration), a readiness for friendship and fun!

Also: Bring a snack to share! If you are an 8th grade girl, bring a jug of juice or lemonade. If you are an 8th grade boy, bring something healthy-ish. If you are a 7th grade boy, bring something sweet. If you are a 7th grade girl, bring something salty.



Cost: \$150, including food, housing, program, and charter bus transportation. Scholarships are available through money FUJI raises at the Shrove Tuesday Pancake Dinner.

Please fill out Registration Form on next page, and send with check to Julie O’Shea:
First United Church, FUJI Retreat, 848 Lake Street, Oak Park, IL 60301

Questions? Contact Leah at lfowler@firstunitedoakpark.com or 708-386-5215

Registration

Child Name and Grade:

Parent Names:

Parent Contact Info:

Parent 1: Email:

Home Phone:

Cell:

Parent 2: Email:

Home Phone:

Cell:

Please check one:

I am enclosing the \$150 registration fee

I am requesting a scholarship for my child, but am enclosing what I can pay, which is \$ _____
(checks can be made to First United Church)

Child Birthdate:

Child Social Security:

Insurance Name and Policy Number:

Child's Current Medication:

Any Allergies or other medical concerns?

(If your child has diet considerations, you may describe them to the cooking staff at Tower Hill: 269-426-3881)

Do you give Leah Fowler and other FUJI advisors permission to seek medical treatment for your child in the event of illness or injury? Every effort will be made to contact the parents in such an event. If so, please sign the statement below:

I, _____ (parent name/s), give permission for Leah Fowler and/or other adult advisors with First United Church of Oak Park, to seek medical treatment for my child in the case of an emergency.

Signed: _____ Date: _____