

The Middle PA District
invites you to the
2011 SUMMER SPLASH

Come enjoy the fun and fellowship!

**5:30-8:00 p.m.
Wednesday, July 13**

**Wildriver Waterpark
Lake Raystown Resort**

6th -12th Grade Youth
(All youth must be accompanied by an
advisor and/or parent)



\$12.00 - Blast Pass (Slides & Mini-Golf)

\$6.00 - Mini-Golf Only

**Join us at 5:30 p.m. near Pavilion #4 for registration &
devotions with Lee Saylor and the District Youth Cabinet!**

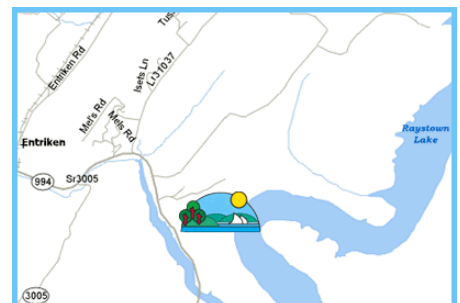
**Please note: The snack bar will NOT be open this year, but feel free
to bring your own snacks!**

Directions to Lake Raystown Resort

From the East:
I-99 to Exit 23, Rt. 164 east
to Rt. 26 north to Rt. 994
east

From the North:
Rt. 26 south to Rt. 994 east

From the South:
Rt. 26 north to Rt. 994 east



Please send your \$12.00 or \$6.00
along with the form on the back
side by **Friday, July 8**, to:

Middle PA District Center
1113 Mount Vernon Avenue
Huntingdon, PA 16652

Make checks payable to:

Middle PA District
Questions?
Call 814-643-0601

Middle PA District Youth

Church of the Brethren
1113 Mt. Vernon Ave.
Huntingdon, PA 16652

Non-Profit
US POSTAGE PAID
Huntingdon, PA
PERMIT NO. 141

Registration/ Medical Release Form

Name: _____ Church: _____ Grade: _____

Address: _____ Phone: _____

I, _____, of _____, PA, do hereby state
(parent/guardian name) *(city)*

that I am the natural parent or legal guardian having legal custody of the youth named above, a minor, age _____
born ____ - ____ - _____. I authorize the leaders of the Middle PA District Youth Cabinet to consent to any exam,
anesthesia, medical treatment or hospital care needed to the above named minor if I/we cannot be reached, during
the Summer Splash at Lake Raystown Resort on July 13, 2011.

Signed: _____ Date: _____

Family Doctor: _____ Doctor's Phone: (____) _____ - _____

Insurance Co.: _____ Policy Number: _____

What should we know about your son/daughter's health (allergies, medication, illnesses, etc.)
