

The Middle PA District

invites you to

SUMMER SPLASH



5:30-9:00 p.m.
Wednesday, June 25

Wildriver Waterpark
Lake Raystown Resort

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

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

\$6.00 - Mini-Golf Only

Join us at 5:30 p.m. for registration & devotions!

The snack bar will be open at your expense.

Please send your \$12.00 or \$6.00
along with the form on the back
side by **Monday, June 16** to:

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

Make checks payable to:

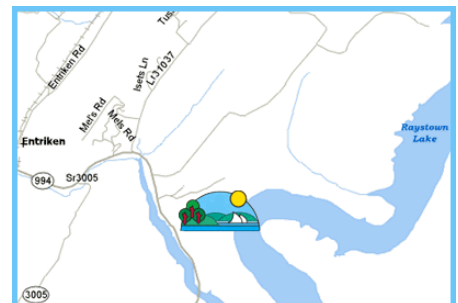
Middle PA District
Questions?
Call 814-643-0601

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



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

«FirstName» «LastName»
«Address»
«City» , «State» «PostalCode»

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 ____ - ____-20____. I authorize the leaders of the Middle PA District Youth Cabinet to consent to any exam, an-
esthesia, 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 June 25, 2008.

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.)