

STUDENT REGISTRATION FORM

Ski or Snowboard

Name

Address

City State Zip

____/____/____

Date of Birth

(____) ____ - ____

Home Phone

Parents' name

(____) ____ - ____

Parent Work Phone

(____) ____ - ____

Parent Cell Phone

Tentative Schedule

Thursday

4:00 pm Leave from Hesston MB Church
6:30 Eat supper
12:00 am Arrive at Belleview Church

Friday-Sunday

7:00 am Meal Prep
7:30 Breakfast
8:00 Leave for Mountain
9:30 SKI
4:30 PM Leave for Belleview Church
5:45 Meal Prep
6:30 Supper
7:30 Evening Activity
10:00 Devo
11:30 Lights Out

Monday

7:00 am Meal Prep/Clean-up
7:30 Breakfast
8:30 Leave from Belleview Church
12:30 pm Lunch
6:00 Arrive at Hesston MB Church

HESSTON YOUTH GROUP

Hesston MB Church
610 W. Randall St.
Hesston, KS 67062

620.327.2847
brad@hesstonmb.org

HESSTON YOUTH GROUP

2010 WINTER WIPE-OUT

"It's Go Time"



Feb. 11-15, 2010

2010 WINTER WIPE-OUT DETAILS

DATES: February 11-15, 2010

DEPARTURE: Thursday (2/11), 4 PM
from Hesston MB Church

RETURN: Monday (2/15), 6 pm
to Hesston MB Church

COST: \$300

INCLUDED: Transportation, lodging,
rentals, lift tickets, meals in
Colorado

NOT INCLUDED: (1) fast-food meal on
the way to and (1) on the way
home from Colorado, ski or
snowboard lessons, souvenirs

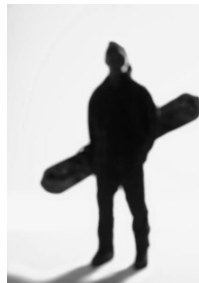
SIGN-UP DEADLINE: Registration and
\$300 is due Wednesday,
Jan. 20th.

EMERGENCY CONTACT NUMBERS:

Belleview Church: 303.973.0163
Loveland Ski Resort: 800.736.3SKI
Hesston MB Church: 620.327.2847
Brad's Cell: 620.217.1374

WHAT TO BRING

- Ski Clothing (i.e., long underwear, turtleneck, sweater, waterproof jacket and pants, warm socks, waterproof ski gloves, fanny pack or back-pack, stocking hat, sunglasses and/or goggles)
- Ski/snowboard equipment (if owned)
- Casual clothing for evenings
- Pillow, sleeping bag, sleeping pad
- Toiletries and a towel
- Lip balm, sun block, Kleenex
- Bible and pen
- 12-pack (cans) of pop and (1) bag of munchies for group (cookies/chips/pretzels/etc.)
- 2-way radios
- Games & snacks
- Meal money/extra ca\$h



WHAT NOT TO BRING

- Drugs, alcohol or tobacco products
- Fireworks, guns, knives, or hand grenades
- Electronic devices may be used during travel to and from Colorado

PARENT MEDICAL RELEASE

"In case of accident or serious illness, I request to be contacted. If you are unable to contact me, I hereby give authorization to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, or I have not indicated one, I give authorization to make arrangements for emergency medical attention, if deemed necessary. I understand that the Hesston MB Church will NOT assume the financial responsibilities of cost incurred for obtaining emergency medical care."

X
signature of custodial parent/guardian

Insurance Information

Insurance Carrier _____

I.D. Number _____

Group Number _____

Physician Information

Physician Name _____

Physician Phone # _____

Medications & Allergies

Name of medications _____

List known allergies _____

2010 Winter Wipe-out