

# Antioch Weekend

## Information and Registration

### March 6, 7, & 8, 2020

#### Why is this weekend called Antioch?

The Acts of the Apostles report, "It was at Antioch that the believers were first called Christians." During the early Church times the community at Antioch was recognized as a faithful, vibrant, loving, prayerful people of God.

#### What is this weekend like?

Friday, March 6 starts at 6:00 p.m. We will meet at Church and find out who our host homes are! Parents, please come in with your youth to find out their host home information 😊 Our host homes will take the youth back to their house and then they will drive them back to Church on Sat. March 7, at 8:30 a.m. The kids will do some service projects on Saturday and then they will host our Youth Service at 5:00 p.m. On March 8, we will have a lunch after the 11:00 a.m. service and your family is invited! All we ask is that you bring a side to share with the group. Please let us know if you would like to attend the group lunch.

Antioch is a dynamic weekend full of sharing, discussions, music, food, fun, projects, and more!

#### Who can go?

This weekend is open to all 7<sup>th</sup> & 8<sup>th</sup> graders and high school students.

#### How do I register?

Just complete the attached form. Please have your parent/guardian fill out the permission form and drop it off at the church office (Peace Lutheran Church, 1900 E. Lincoln Highway, PO Box 205. New Lenox, 60451) along with cash/check of \$25. Checks made payable to Peace Lutheran Church. Please know that registration for this weekend are limited in number and applications will be processed as received. **The deadline for registration is Feb. 16, 2020.** If you have any questions, please call the church office at 815-485-5327 or e-mail us at [peacechurch@peacelenox.org](mailto:peacechurch@peacelenox.org).

# Antioch Registration Application 2020

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt size \_\_\_\_\_ (Shirts only come in Adult sizes)

Indicate pertinent medical history (e.g., chronic ailments, allergies, special diets, medications):

My hobbies and interests are:

I would describe myself as:

I would like to attend Antioch weekend because:

I heard about Antioch Weekend from: \_\_\_\_\_

I plan to experience the entire Antioch weekend from 6:00 PM on Friday, March 6 to 1:00 PM Sunday March 8, 2020. I have enclosed \$25 with this registration.

Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_

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## PARENTAL PERMISSION

I give full permission for my child, \_\_\_\_\_, to participate in the Antioch Weekend held by Peace Lutheran Church from Friday, March 6 at 6:00P.M. until Sunday, March 8 at 1:00 P.M. I understand that this event is being carefully and professionally planned. I will receive full information regarding regulations and guidelines by mail and will assist in any way possible. I am aware that the young people will be sleeping in assigned sleep areas according to gender, in the homes of the host families. Our host families have parents that are mature and familiar with Antioch. I understand that I can find out the host home where my child is staying upon arrival at the facility on Friday night, March 6, 2020. I fully expect to be notified if my child is disrespectful or uncooperative. I know that great care will be taken and that my child will be offered plenty of good food and rest. My child has the following health conditions or is need of the following diet or medications: \_\_\_\_\_

If medical attention is required during the weekend, I hereby give my permission for my child to be treated.

Parent/Guardian signature \_\_\_\_\_ Date \_\_/\_\_/\_\_

Would your family like to join us for lunch? If so, how many? \_\_\_\_\_

(Can you bring a dish or dessert to share? 😊) We can bring: \_\_\_\_\_

**Please see back and fill out insurance information**

**Please fill out insurance information**

Participant Medical Information:

Name of Doctor \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Doctor's Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Insurance Policy# \_\_\_\_\_ Insurance Group# \_\_\_\_\_