



KEEP THESE INFO SHEETS

**BRING:**

- **FRIDAY NIGHT BAG SUPPER!!**
- Yourself and friends!!!
- **BIBLE**
- **COLD WEATHER CLOTHING!!!!** including extra shoes and clothes
- **Towel & FLASHLIGHT**
- A blow up tube or plastic sled (if we have snow)
- **Sleeping bag or sheets/blankets, pillow**
- Towels and personal items
- MONEY TO SPEND AT SNACK BAR AND CAMP STORE

**Meet: at Taconic Retreat Center  
6:30 pm Friday, 3/9  
WITH YOUR BAG SUPPER!!**

**Return: Arrive at Taconic Sunday, 3/11,  
2:00 pm  
For conclusion of weekend Activities . . .  
Depart Taconic @ 3:30**

**Come for Justin's final talk and worship time.**

FAMILY AND FRIENDS ARE WELCOME!!  
**PARENTS COME AND GET A TASTE OF THE WEEKEND**

If you are short on cash **WE STILL WANT YOU TO GO!** Pay what you can.

Emergency number at camp during the day Saturday and Sunday is  
(845) 758-8764  
After 5:00, please call (845) 337-6781 for Warren's cell

**Don't forget your bag supper!  
And your FLASHLIGHT**

Register by March 4 - but **SOONER is BETTER!**

Complete the enclosed forms and return them, with payment, to:

HRC YOUTH, Hopewell Reformed Church, 143 Beekman Rd HJ, NY 12533  
ATTENTION: TACONIC RETREAT

Make checks payable to HRC Youth.

If you have questions, please call Warren at call (845) 337-6781 or  
Tracy Shenkman at (845) 221-0443. **Act fast!**

**Additional forms available at [www.hrcyouth.org](http://www.hrcyouth.org).**

TACONIC WINTER RETREAT ~ 2012

March 9 - 11  
Registration form

Name of student attending \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Email of student \_\_\_\_\_

Email of parent \_\_\_\_\_

We use these emails to keep you posted about this and other upcoming events.

I give my son/daughter, \_\_\_\_\_ permission to go on the Taconic Winter Retreat, March 9 - 11, with the Hopewell Reformed Church.

Parent's name \_\_\_\_\_

Two best emergency phone numbers to reach me this weekend are:

\_\_\_\_\_  
\_\_\_\_\_

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PERMISSION TO SEEK MEDICAL ASSISTANCE

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**TO: Parents of HRC Youth Fellowship Participants**

**RE: Permission for HRC representatives to seek medical attention for your child in case of accident or injury during Youth Fellowship activities and outings.**

**I certify that I am the legal parent/guardian of:**

**(Child's full name)** \_\_\_\_\_

I understand that in the event of injury or accident, medical attention for my child may be required or considered prudent. I give my permission for the HRC Youth Fellowship adult representatives to seek that medical assistance when they deem it necessary. [Please be aware of the following medical conditions, current medications being taken, dietary needs and allergies:](#)

\_\_\_\_\_  
\_\_\_\_\_

**The Physician's Name & Phone:** \_\_\_\_\_

**The Insurance Company & Policy # :** \_\_\_\_\_

**Date of Last Tetanus shot:** \_\_\_\_\_

**Parent's Signature Authorizing Camp Registration & Medical Treatment:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_