Oakwood Student Ministry

Believe Weekend

January 25-27, 2019

$60 SUPER DISCOUNT NIGHT (Pd in Full) Oct. 10th

$85 Oct 11 - Jan 19th

$100 Jan 20th - Jan 23rd

$125 after Jan 23rd

Sign Up Now!!

$20 Deposit Guarantees your Registration Rate, T-Shirt & Your Spot

An exciting event where students spend the weekend in trusted host homes, worship with a dynamic band, hear from an outstanding speaker, have spiritual discussions in small groups, and most of all, enjoy tons of food and fun with their friends all weekend long!

Friday
Jan 25th

Check-In
@ 7:00pm
Drop students off @ Oakwood
~
Evening Session

Saturday
Jan 26th

Morning
&
Evening
Session
~
SPECIAL EVENT

Sunday
Jan 27th

Morning Session

NOON

Students go to your OWN home

High School Pastor Jordan Cash 210-849-3234

OSM
OAKWOOD STUDENT MINISTRY

Middle School Pastor Brandon Best 830-832-1262

January 25-27, 2019

OSM
OAKWOOD STUDENT MINISTRY

What To Bring List :

Sleeping bag
Pillow
Bible
Notebook
Pen or pencil
Recreation and casual clothes
Toothbrush/Toothpaste
Soap
Deodorant
Feminine Essentials
Towels and washcloth
Jeans to be worn with your Believe shirt on Sunday

Snacks:

1 bag of chips
1 bag of your favorite snacks
2 ltr of favorite soft drink or bottled waters

What Not to Bring

NO—Electronic Devices (DVD players, game consoles, iPod, etc.)
NO—Air soft guns or weapons or items that look like weapons
NO—Pranking supplies
If you have to ask… **NO**

BELIEVE WEEKEND

For office use only: Date received: Amt: $ ck#

BELIEVE WEEKEND

Oakwood Student Ministry
January 25-27, 2019

Sign Up Now!!

$85 ~ Oct 11 - Jan 19th
$100 ~ Jan 20th - 23th
$125 ~ JAN. 24TH

PLEASE PRINT

_____ _____ _____ ___/___/___
Student Name **Grade** **Gender (M/F)** **Date of Birth**

_____ _____ _____
Address **City/State** **Zip** **Adult T-Shirt Size**

_____ _____
Student Cell # **Student E-Mail**

_____ _____
School Attending **Current Church**

_____ _____ _____
Parent Name **Cell #** **E-mail**

_____ _____ _____
Parent Name **Cell #** **E-mail**

Can your parent be a driver? **Y or N** **Parent Name** _____
Fri *9:30pm* ***Sat*** *Morning* *Afternoon* *Evening* ***Sun*** *9:00am*

Would your parent like to help? **Y or N** **Parent Name** _____
Registration Help *Fri. 5:45pm* ***Serve Food*** *Fri 7pm Sat Noon*
Setup/Clean Up *Fri 8pm Sat 12pm Sun 9am*

Name 1 student you would like to be in a house with:

_____

This does not guarantee that you will be in the same house. We will do our best.

Registration form with a $20 deposit will reserve your rate & spot! Full payment due by Sunday January 20th
You can mail to: Oakwood Baptist Church 2154 Loop 337 New Braunfels, TX 78130
For more information call at 830-625-0267 or e-mail tiffany.lenz@oakwoodnb.com

OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

STUDENT NAME:_____ GENDER: M / F
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME:_____
(FOR THOSE UNDER 18)

_____
ADDRESS CITY, STATE, ZIP

_____ _____
PARENT CONTACT NUMBER ALT. EMERGENCY CONTACT NUMBER

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc._____
_____

Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc.

_____
_____

CURRENT IMMUNIZATION STATUS: Tetanus_____ Polio_____

MEDICAL INSURANCE: Company Name & Policy Number

_____
_____

Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, _____, the parent and/or guardian of _____,

a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any trips.

_____
PARENT SIGNATURE

FOOD ALGERIES / SPECIAL FOOD NEEDS

_____
_____

Photograph/Video Notice

_____
PARENT SIGNATURE

2019