

Baltimore-Washington Conference Mission u 2020

Youth (grades 7-12)

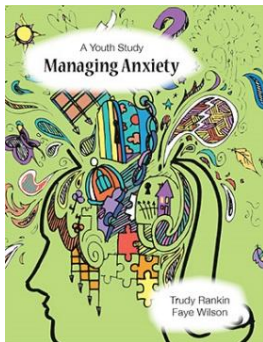
JULY 24-26, 2020

SPEND A WEEKEND AT THE BEAUTIFUL

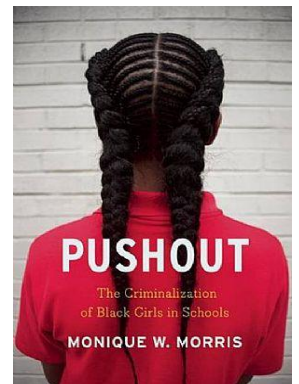
BETHESDA MARRIOTT HOTEL
5151 Pooks Hill Road, Bethesda, MD 20814

Fellowship with other youth; be a part of outreach, mission and social justice work;
enjoy games and pool time all while growing in the word of God.

This weekend will set you on fire to change your congregation, your school
and the world!



Invite a friend or two!



The cost is only \$185-220 per person if you register by May 22, 2020 which includes

all meals, hotel stay and materials!

Be inspired Be challenged Respond to God's call

Participate in compassionate mission service

For registration and additional information contact

MISSION u DEAN – Elizabeth Stemley - 443-850-8544 or estemley1190@comcast.net

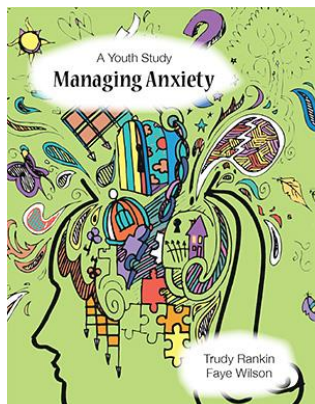
DEAN, YOUTH SCHOOL – Sharon Milton – 301- 404-6628 or law2be@hotmail.com

REGISTRAR – Rita Green – 301-330-9828 or ritamgreen5@gmail.com

<https://www.bwcumc.org/ministries/wellness-missions/missionu/>

Baltimore-Washington Conference MISSION U **YOUTH** REGISTRATION

Adults should complete a separate Adult registration form



Registration can also be made online at: www.bwcumc.org/missionu

Please complete each line. An email address is needed to send confirmation. Please print.

Name _____

Grade _____

Street Address _____

Email _____ Gender _____

City _____ State _____ Zip _____

Phone _____ Email _____

Church _____ District _____

In case of emergency notify: _____ Phone _____

Relationship: _____

Attending Mission u? No Yes

YOUTH MEALS AND ACCOMMODATIONS

Meal Plan: 2 breakfasts, 2 lunches, 2 dinners.

Commuters receive 2 lunches and 2 dinners.

Rooms	Postmarked by 5-22-2020	Postmarked 5-23-2020 thru 6-22-2020
Double (2 in a room)	\$220	\$240
Triple (3 in a room)	\$185	\$205
Commuter rate	\$80	\$100

**No registrations accepted or refunds given after
6-22-2020**

The above costs are for EACH PERSON sharing a room.

The School **will not** assign roommates. Separate registration forms are required for each person.

Roommates should send information together.

Include payment in full with check payable to "Mission u" and send to:

Rita Green 12410 Fellowship Ln,
Gaithersburg, MD 20878

Circle Your Room Choice: single double triple
commuter

Roommate(s) _____

Amount Enclosed \$ _____ Ck# _____ or pay via Zelle – umw.missionu@gmail.com

1st time to Mission u? No Yes

Name of chaperone? _____ or check here if you _____ need chaperone assigned

Please list any health, dietary, mobility, etc. needs or concerns _____

Attached Consent Form must be completed by Parent/Guardian

Mission u Consent Form

To attend and participate in activities sponsored by MISSION u /Youth School July 24-26, 2020. We (I) authorize an adult in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision and on the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or tretment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection withsuch medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for our (my) child to return home due to medical reasons, or otherwise, the undersigned shill assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by MISSION u. I consent to the use of my child’s image or voice in photographs, audio and/or video recordings taken during the course of the event for the purpose of promoting MISSION u.

Insurance ___Yes ___No

Insurance Company _____

Policy # _____

Allergies _____

Medical Conditions _____

Youth Partricipant signature _____

Parent/Guardian signature _____

Emergency Contact Name and phone

Email _____