

Youth (girls & boys) grades 7-12*

Join United Methodist
Women at Mission u
2019!



TAKE A DEEP
DIVE
INTO THE
GOSPEL

**Be inspired. Be challenged. Respond to God's call.
Participate in compassionate mission service**

**Spend a weekend at the lovely Bethesda Marriott Hotel
5151 Pooks Hill Road, Bethesda, MD 20814**

For registration and additional information contact:

Youth Dean – Sharon Milton:	law2be@hotmail.com	301-404-6628
Assistant Youth Dean – Willa Kynard:	MSK3334@yahoo.com	202-716-8898
Adult Dean – Elizabeth M. Stemley:	estemley1190@comcast.net	443-850-8544
Registrar – Rita Green:	ritamgreen@hotmail.com	301-330-9828

BWCUMC.ORG/MINISTRIES/ABUNDANT-HEALTH/MISSIONU

*All youth must have a chaperone attending Mission u and a signed consent form

Mission u is sponsored by the Baltimore-Washington Conference United Methodist Women and Board of Global Ministries

Baltimore-Washington Conference Mission u Registration Form

Check the Baltimore-Washington Conference Website for details regarding 2019 Mission u at Bwcumc.org/ministries/abundant-health/missionu

Friday, July 26-Sunday, July 28, 2019

mail to Rita Green, Registrar, 12410 Fellowship Ln, Gaithersburg, MD 20878

Seventy-five dollars of every attendee's registration is non-refundable.

Questions? Email Rita at ritamgreen5@gmail.com or call 301-330-9828 leave message.

Youth must have a chaperone* attending Mission u

Name: _____ (Grade _____)

Telephone: _____

Address _____
Street or post office box

City _____ State _____ Zip _____

e-mail: _____

(an email is needed to send confirmation)

e-mail: _____

Church: _____

Name _____ District _____

In case of emergency, notify

Name _____ Relationship _____ Phone number _____

Allergies/Special Needs?

Room Choice: Double ___triple ___quad ___commuter

List Roommate/s below. All roommates should mail forms together

Name: _____ youth grade: _____

Name: _____ youth grade: _____

Name _____ youth grade: _____

Chaperone _____

Consent Form

To attend and participate in activities sponsored by MISSION u /Youth School July 26-28, 2019. 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 _____

YOUTH MEALS & ACCOMODATIONS

meal Plan: 2 breakfasts, 3 lunches, 2 dinners.

Commuters receive 3 lunches and 2 dinners.

Rooms	Received before 6-20-2019	Received 6-21-2019 thru 6-22-2019
Double (2 in a room)	\$275	\$290
Triple (3 in a room)	\$240	\$255
Quad (4 in a room)	\$225	\$240
Commuter rate	\$135	\$155

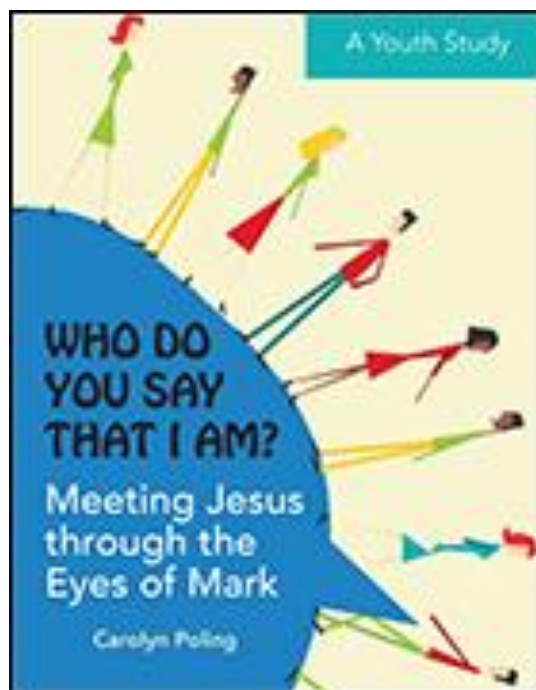
These are per person costs. Roommates should send forms together.

Amount enclosed \$ _____ Check # _____

Separate registrations are required for each person.

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July
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