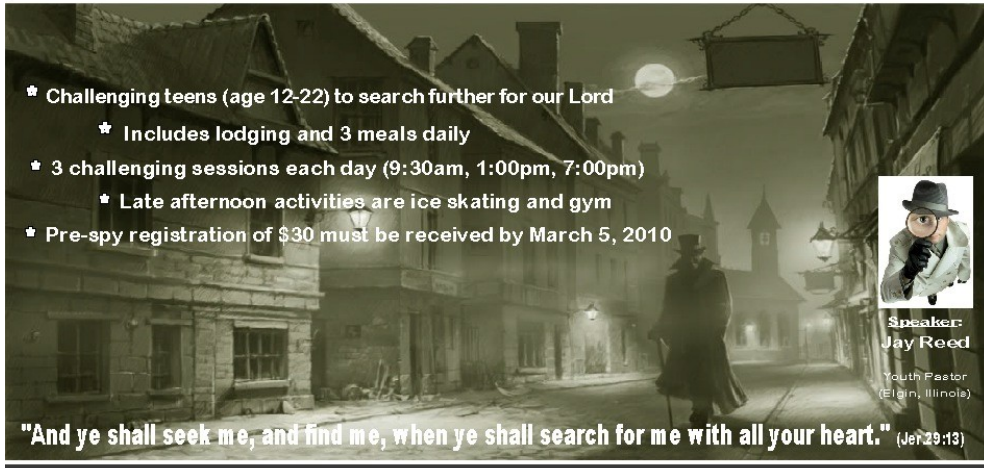


Mission Possible

Youth Conference

Thursday - Friday * March 25 - 26, 2010



- * Challenging teens (age 12-22) to search further for our Lord
 - * Includes lodging and 3 meals daily
- * 3 challenging sessions each day (9:30am, 1:00pm, 7:00pm)
 - * Late afternoon activities are ice skating and gym
- * Pre-spy registration of \$30 must be received by March 5, 2010

Speaker:
Jay Reed
Youth Pastor
(Elgin, Illinois)

"And ye shall seek me, and find me, when ye shall search for me with all your heart." (Jer 29:13)

Golden Plains Baptist Church, P.O.Box 471, 1201 Tupper St. N, Portage la Prairie, MB R1N 3B7 1 (204) 857-6741 web: gpbc.ca

TEEN LIGHTNING 2010

is a time for ...

- * teens to get away from the regular routine of their life
- * teens to make friends with other Church teens
- * God to speak to teens and challenge their hearts

If you're a Teen (12-22 yrs) & you are looking for those things ... then T.L '10 is for You.

T.L. '10 picked March 25 & 26 to host this year's Youth Event.

T.L '10 is planning to have:

- * superb singing
- * powerful preaching
- * fabulous food
- * crowd competitions
- * slapstick skits
- * rousing recreation time

T.L '10 takes God, the Bible, and teens seriously:

- * we'll encourage high contentment with God
- * we'll exemplify high convictions for God
- * we'll enlist high commitment to God

T.L '10 is praying that teens will return home ...

- * wanting more of God in their day-to-day life
- * willing to be more active in home and church
- * waiting impatiently to come back next year

On back of this flyer are further details that you need to know →

[Fill out the lower section, detach and return with registration.]

Teen Lightning 2010

Consent Form

Dates: March 25 - 26, 2010

Personal Information:

Teen's Name: _____ Age on March 25/10: _____ Date of Birth _____

Address: _____

Home Tel.#: (____) ____ - _____ Emergency Contact: _____ Tel #: (____) ____ - _____

Medical Information:

Allergies: _____ Physical/Medical Limitations: _____

Medications: _____ Medical Insurance Info: _____

Authorization:

I _____ the parent, legal guardian, or _____ to the above minor do hereby give my
(Please print full name) (other designation)

consent for the above-named to attend this **Teen Lightning 2010** and to participate in all activities thereof, excepting those activities which are prohibited by medical/physical conditions. Further I give my authorization for any person authorized by officials of this function to transport the above-named in any registered, insured vehicle which may be reasonably expected to safely convey them from point to point. Should medical attention be necessary, I authorize officials of the T.L.'10 to seek competent medical professional assistance in maintaining the well-being of the above-named and I assume any financial responsibility for medical care not covered under my insurance. I hereby certify that I have read the attached standards of behaviour and dress and that I have reviewed them with the above-named; further I certify that the above information is true to the best of my knowledge. I agree to hold officials of this function wholly harmless for any liability arising from this T.L.'10.

Parent/Guardian Signature: _____

Date: _____