

CAMP BEAR TRACK



YOUTH RETREAT



DON'T MISS OUT ON THIS FANTASTIC TIME TOGETHER! CALLING ALL YOUTH!

Yes! YOU are invited to attend this year's ALL YOUTH FALL RETREAT! It's happenin' at Camp Bear Track at Greers Ferry Lake Arkansas! It's going to be a BLAST! BRING A FRIEND! COST IS \$50.00 (non-refundable & non-transferable) This cost is Per Family—so if you have siblings in the youth group as well—it's \$50.00 total cost! ***payment deadline —August 8th.** Don't miss your chance for this exciting time to enjoy a beautiful camp - loads of fellowship - good eats, bonfire and "chillin in God's presence" that you will LOVE!!!! We will leave out at 6pm on Friday night! And we will return on SUNDAY late afternoon- no UMYF that night!



FRIDAY- August 12th
SATURDAY- August 13th
SUNDAY- August 14th

REGISTER ONLINE! - WHAT TO BRING!

SMALL LUGGAGE—yikes! it's an overnighter not a cruise! :)
SLEEPING BAG AND PILLOW - for a nice night of sleep and rest.!
Towel and CLEAN UNDERWEAR PLEASE (for each day!) Need we explain why!?!
***MONEY FOR Canteen & FAST FOOD DINNER ON THE WAY UP!**

 **cost: \$50**



DON'T FORGET!
FINAL PAYMENT
DEADLINE

—August 8th

A Christian Youth Camp - Greers Ferry Lake, AR



PERMISSION FORM And MEDICAL RELEASE:

NAME _____ T-shirt size _____
Date of Birth _____

ADDRESS _____
CITY _____ ZIP _____ PHONE _____

E-MAIL ADDRESS _____

EMERGENCY NUMBER: _____

Name & number of someone in case no one is at above number:
NAME _____

PHONE # _____

Permission to use Aspirin _____ Tylenol _____

Insurance Information: (Company name, Group # etc.) _____

RELEASE AND MEDICAL AUTHORIZATION

I, _____ parent or legal guardian
of _____ Hereby release the
Bartlett UMC and all employees, agents, heirs and assigns of the
Bartlett UMC, from any and all liability to personal injury suf-
fered by the above named youth which may occur to my said
youth while said youth is in the care of the Bartlett UMC, whether
such injury occurs on the
property of the Bartlett UMC or any other place. I also
hereby give my permission to the Bartlett UMC and its agents to
take the above named youth to a doctor, emergency medical
Facility of a hospital if, in the opinion of the said agents of the
Bartlett UMC, said youth requires medical attention in the form
of the visit to a doctor, emergency medical facility or a hospital.

DATED the _____ DAY OF _____ 2023

Signature of Parent or Guardian

Witness