

Discovery Weekend Registration

Yes, I want to go!

Name _____ Grade _____ Birthdate _____

Address _____ City _____ Zip _____

Phone _____ Email _____ T-shirt size _____

Parents/Guardians Name _____ Parent's Email _____

Phone _____ Emergency phone _____

I give this ministry permission to use photos/videos of my student in church media or to promote Discovery Weekend.

I give this ministry permission to seek treatment for my student in case of emergency.

Health Problems/Allergies _____

Special needs/restrictions _____

Doctor _____ Phone _____

I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian _____ **Date** _____

RSVP for Prayer Service: **Saturday, October 26, at 6:45 p.m.**

Families of all youth are invited to participate in the service.

Yes, I will be there _____ (parent or guardian names)

Yes, additional guests will attend _____ (number)

Please return this completed form by September 27, 2024.

If emailing your registration, please email it to schadelministry@gmail.com

If mailing, please send to: **Valentine Methodist Church, 804 E 5th St., Valentine, NE 69201**

The registration fee of \$50 can be dropped off or mailed to the VMC.

(payment can also be made when you drop off your child on Friday, September 25)

(If you are unable to pay the registration fee, please call Pastor Jake Schadel, 620-381-4721)

A digital copy of the registration form can be found by scanning the QR code or following this link: [Discovery Weekend Registration](#)
Simply fill out the Google Form and send in or drop off your payment!

