



**WINTER WEEKEND**

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**Dec. 11-13, 2009**

# ROCKBRIDGE

**When:** Friday, December 11th through Sunday, December 13th.

**Where:** Young Life's Rockbridge in Goshen, Virginia (near Lexington on I-64).

**What:** A weekend away with friends at an amazing Young Life camp!

**How Much:** \$140 will cover all your expenses for the weekend including transportation on a chartered bus, food, lodging and all the fun you can pack into 48 hours. (You may want to bring extra spending \$\$ for the trip down & back and for the camp store.)

**How Do I Sign-up:** Bring a check payable to Young Life or cash for the total amount to your Young Life leader with the filled out registration form to save your spot on the bus! **SPOTS ALWAYS FILL UP QUICKLY - SIGN-UP TODAY!** Or mail it directly to the YL office.

**When and Where do we Leave:** UNIVERSITY MALL. 10659 Braddock Rd, Fairfax, VA 22032 at 5:00 PM on Friday. We will return to the same location at 5:00 PM on Sunday afternoon.

**What Do I Need To Bring:** Be sure to bring shoes and clothes (bathing suit too for HOT TUB!) for all kinds of weather (cold, warm, rainy), toiletries, (Linens and bath towels are provided.)

Young Life Central Fairfax, 10523 Main St., #1, Fairfax, 22030

(703)385-2753 officeylcf@gmail.com

ROCKBRIDGE WEEKEND REGISTRATION

T-Shirt Size \_\_\_\_\_

NAME \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME OF PARENTS (S) \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ DUE\$ \_\_\_\_\_

**HEALTH FORM** (Be sure to read and fill out completely the health form.)

\*In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life. I give permission to those administrating emergency treatment to do so, using those measures deemed necessary. I absolve Young Life from liability in acting on my behalf in this regard so long as Young Life is not grossly negligent.

Name of Child (please print) \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_

\*If parents are not available, please call friend or relative below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Additional comments regarding medical history, allergies, or drug reactions, etc. which may be needed in any treatment.

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