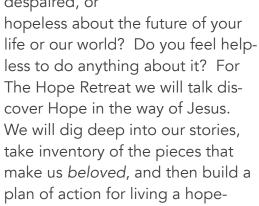
'...and we know character produces hope.'

Romans 5:4

Are you feeling discouraged, despaired, or



We will explore our spiritual gifts and discuss what it means to be the body of Christ. This will be a time of rest, fellowship and listening for God's calling on our lives.

Come and see.

filled life.

Schedule (subject to change)

Friday

6:30pm - Meet at St. B's

7:00pm - Dinner and Conversation #1:

Hope vs. Wishing

9:00pm - Drive up to Dubose

Saturday

7:30am - Morning Prayer

8:00am - Breakfast

9:00am - Conversation #2:

Inspired to Hope

11:45am - Noon Prayer

12:00pm - Lunch

12:30pm - Sabbath Time in Sewanee

4:00pm - Conversation #3:

Healing our Despair

5:30pm - Evening Prayer

6:00pm - Dinner

7:00pm - Conversation #4:

Our Resistance to Change

Sunday

7:30am - Morning Prayer

8:00am - Breakfast

9:00am - Conversation #5:

Being the Body of Christ

10:30am - Head back to Nashville

12:00pm - Return to St. B's

2017 SPRING RETREAT



The HOPE Retreat



The HOPE Retreat

Who?

ALL 7th - 12th Graders

When?

April 7-9

How much?

\$125 (scholarships available)

Where?

Dubose Conference Center Monteagle, TN

What do I bring? Packing list will be sent April 3

Completed permission forms and money are due Wednesday, March 29th

St. B's Youth PERMISSION/MEDICAL RELEASE FORM

| Name: |
|---|
| Address: |
| |
| Phone: () |
| Email: |
| City:State: |
| Zip: |
| Date of Birth:// Youth Agreement (To be signed by Youth ONLY) |
| 1.) I will act responsibly and will respect the property and rules of the places we visit and the facilities we use. |
| 2.) I will maintain contact at all times with the authorized leaders of our group and will follow the rules of behavior established by them. |
| 3.) I will promise not to take along anything illegal on St. B's Youth Ministries activities, and I promise not to get involved with dangerous or illegal things while I'm there. |
| Student Signature |
| X |
| Date: |
| You can pay: Online via our website: <u>stbs.net</u> |

Or a check payable to: St. B's (memo: Youth Retreat)

Parent Agreement

(to be signed by parent or legal guardian ONLY)

- 1. I give my permission for my son/daughter who has signed the Youth Agreement, to attend this event.
- 2. I will not hold St. B's leaders or other volunteers who are providing their support for this activity liable for any bodily injury that might occur through accident beyond the limits of insurance carried for such injury.
- 3. I will assure that my son/daughter is properly advised on the appropriate conduct while participating in these events.
- 4. (if applicable) My son/daughter is under a doctor's care for:

and is required to take the following medication:

Please send instructions for use on the day of the retreat with your child.

- 5. Please list any allergies or other relevant medically related conditions:
- 6. I agree to inform the adult leadership of any medically-related condition that develops in the future which requires oversight or attention during the course of the event.
- 7. In the even that my son/daughter engages in harmful, illegal or disruptive behavior during the course of this event, I understand that i will be responsible for additional costs of transporting them.
- 8. I give permission for emergency medical care for my son/daughter, should it become necessary during the course of this event.
- 9. Insurance Company:

Policy Number:

Parent Signature

| X |
|-------|
| Date: |

() I need financial assistance.