



OCTOBER 19-20

Christ Community Church
STUDENTS

WHAT IS FALLOUT?

Fallout is an annual fall retreat for the high school students of Christ Community Church, and their friends. The retreat is designed to help us grow to know each other better, grow to know God better, and have some fun.

WILL I HAVE FUN AND GROW IN MY FAITH?

Fun and growth guaranteed! You'll grow in your faith through the engaging speaker, intimate worship, and small group time. Fun will happen in the team games, giant swing, climbing wall, swimming pool, and On Screen custom.

WHERE IS HIDDEN ACRES?

It is about 35 miles northwest of Ames. (3837 Union Ave. Dayton, IA 50530)

STUDENT DRIVING PERMISSION

For obvious safety issues, we discourage student drivers on our retreats. Students must have written permission from parents if they drive, or provide a ride for another student, or if they ride in a student's car. Student drivers must submit their keys to the head youth leader upon arrival at the retreat.

WHAT TO PACK...

- Bible
- Pen
- Casual, warm clothes
- Clothes that can get dirty
- Modest swimsuit
(no 2-piece or speedos)
- Toiletries
- Towel
- Blankets/sleeping bag & pillow
- Costume (inappropriate object)



Meet at Christ Community Church at 11:45a on the 19th and we'll be back at 5p on the 20th.

Contact Numbers: Kyle's cell 724.712.7529 Hidden Acres Office: 515.547.2751



REGISTRATION FORM

- **Sign up on/before October 18th with a payment of \$70.**
- **Sign up after October 18th there is an additional \$10 late fee!**
- Free/Reduced Lunch Price: \$45**

Make checks out to: Christ Community Church

(Registration fee is NOT refundable. It can be transferred to someone of the same gender)

Your Name M F
Gender

Your Grade Your School

Your Email

Parent/Guardian Email

Parent Cell

T-shirt Size S M L XL

I, _____
(the parent or guardian of)
give permission to my son/daughter

(student's name)
to participate in the Sr. High Fallout Retreat to be held October 19-20 2019 at Hidden Acres Christian Center. Should emergency medical treatment be necessary, I authorize one of the adult leaders to act on my behalf and approve the appropriate treatment.

Insurance Company

Policy#

Parent Contact Numbers
Other medical information:

Signature of Parent/Guardian

Date _____

