

GOING THE EXTRA MILE TO LOVE

In John 15, Jesus tells us to love each other like he has loved us, and the greatest love is to lay down one's life for one's friends. **FALL WORKSHOP** is a time to go the extra mile to love our Christian brothers and sisters like Christ loves us.

MUSIC

What started out as karaoke tapes and micro-phones in 1999 grew and became, the praise team at St. Paul's United Methodist Church. Stephanie Stacy, the group's fearless leader, came to St. Paul's in June of 2013 as the Worship Director. Combining new and original members, the group came together to become **#Awesome** at the church and in the community. **#Awesome** members include: Winnie Smith - vocals, Louisa Smith - vocals, Ryan Mobley - guitar/drums, Dave McClanahan - bass/guitar/vocals, Lauren Shanholtzer - piano, and Stephanie Stacy - guitar/vocals. They come from a wide variety of musical backgrounds which completes this group's traditional but contemporary style. **#Awesome** is so excited to be a part of **FALL WORKSHOP**. "It has been a dream of mine since I walked into Friday night worship in the 7th grade to be able to lead music for worship at this camp," declares Stephanie.

ARRIVAL/DEPARTURE

Fall Workshop begins with registration with 7:30 p.m. Friday, November 20 in the Vocational Building. Fall Workshop ends 11:00 a.m. Sunday, November 22. Please plan to pickup your youth near the outdoor chapel or their cabin.

VERY IMPORTANT

It is our expectation that youth attending **FALL WORKSHOP** stay for the whole event. If you know you will be late please contact Joe Hill at 304-840-1923

WHAT TO BRING

- Faithful Enthusiasm
- Open Heart
- Bible, Pen, Notebook
- Raincoat/Umbrella
- Flashlight
- Warm Clothes
- Soap/Shampoo
- Towel/Washcloth
- Toothbrush/Toothpaste
- Personal Items
- Bedding
- Pillow
- Sleeping Bag
- Sheets/Blankets

WHAT NOT TO BRING

Please do not bring objectionable or illegal items to Fall Workshop:

- TVs
- DVD player
- Gaming consoles
- Alcohol
- Tobacco products
- Pornography
- Weapons
- Knives
- Firearms

SPECIAL MEDICAL NEEDS

If you have a medical condition or are taking prescription medications you are asked to supply complete information on emergency consent form. This information is held in strict confidence and used by the nurse on staff.

QUESTIONS OR EMERGENCIES

For more information:

Joe Hill: 304-840-1923

Bob Cover: 304-282-1251

Amy Mullins: 304-927-5865

REGISTRATION

Before November 6: \$90

After November 6: \$100

Make checks payable to: "Conference Treasurer:

Mail to: Fall Workshop

PO Box 2469

Charleston, WV 25239

FALL WORKSHOP SHIRTS

By registering early for Fall Workshop, a long sleeve shirt will be included in the price. Those registering after November 6 will not be guaranteed a long sleeve shirt. Hoodies can be purchased for an additional \$20. Shirts/hoodies must be purchased by November 6.

REGISTRATION DEADLINE

NO registrations will be processed after November 10. Youth wanting to register after that date may register on site at Fall Workshop.

REFUND POLICY

Refunds must be requested in writing and must be received by December 11. A \$25 administration fee will be retained. No refunds will be made for an early dismissal from the event.

ONLINE REGISTRATION

For more information about online registration go to the WV UMC Youth Social Media page



www.twitter.com/wv_umc_youth



www.instagram.com/wv_umc_youth

WHO IS JOE HILL???

Joe Hill is the Conference Youth Coordinator. Joe serves as pastor at Cross Roads UMC in Huntington. Joe previously served as Assoc. and Youth Pastor at Johnson Memorial UMC and as Christian Ed Director and Youth Pastor at First UMC Huntington. He is married to Christie Hill and they have one daughter, Majesty, who joins CCYM this year.

YOUTH EVENT COVENANT

As a Christian, I commit myself to uphold the following moral standards of behavior:

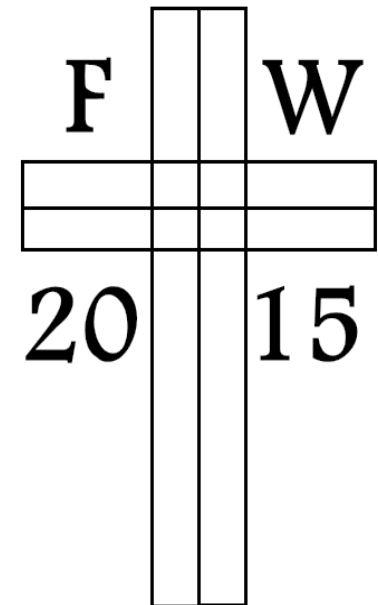
- living by the simple guidelines of love and respect for the rights, feeling and property of others.
- participating in all the scheduled activities
- remembering that this event is a Christian event, appropriate clothing is expected
- refraining from bringing and using anything considered illegal for a minor in West Virginia.
- obeying rules governing quiet hours, visitation, event participation, autos and off-campus food deliveries

I understand that violation of this covenant will result in intervention and disciplinary action by the staff and could result in dismissal.

www.springheights.org/fallworkshop

Fall Workshop
P.O. Box 2313
Charleston, WV 25328

GOING THE EXTRA
MILE TO LOVE



FALL WORKSHOP - 2015

NOVEMBER 20-22, 2015
CEDAR LAKES
CONFERENCE CENTER
RIPLEY, WV

2015
FALL WORKSHOP
REGISTRATION FORM

» REMINDER
You can register online
At
springheights.org/fall-workshop

PAYMENT: Church Personal
 PayPal Check # _____

DATE: _____

OFFICE USE
NAME: _____
ONLY

| YOUTH INFORMATION | | | |
|---|---------------|-----------------------------------|---------------------------|
| Youth Name: | | Date of Birth: | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Local Church: | | District: |
| Camper Street Address: | | I have attended camp _____ times. | |
| City: | State: | ZIP Code: | Grade 2015-16 Year: _____ |
| Roommate Choice (2) Must be Mutual: _____ | | | |

| PARENT/GUARDIAN INFORMATION | |
|------------------------------------|----------------|
| Parent/Guardian Name(s): | Home Phone: |
| Address(if different from camper): | Cell Phone: |
| City, State, ZIP: | Email Address: |

| WORKSHOP CHOICES | |
|--|---|
| Please indicate both a first and second choice for each group in case your first choice is full. | |
| GROUP A | GROUP B |
| 1. Outdoor Cooking | 1. Outdoor Cooking |
| 2. Choir | 2. Choir |
| 3. Improv/ Acting | 3. Science and Theology |
| 4. Faith Through Art | 4. Bible Study |
| 5. Create A Bag | 5. Liturgical Dance |
| 6. Hiking | 6. What Am I Doing Here? |
| 7. Backpack Program | 7. Get "Quad" Up |
| Group A 1 st Choice # _____ Group A 2 nd Choice # _____ | Group B 1 st Choice # _____ Group B 2 nd Choice # _____ |

| SHIRT INFORMATION | |
|--|--|
| Long Sleeve T-Shirt (Included): Shirt orders must be in by November 1 st . After this date no guarantee. S: _____ M: _____ L: _____ XL: _____ XXL: _____ | |
| Hoddie Sweatshirt: Purchase \$20.00 S: _____ M: _____ L: _____ XL: _____ XXL: _____ | |

| EMERGENCY CONSENT PERMITTING CARE OF MINORS | |
|---|--|
| If the staff of the youth event has to bring your child to the Emergency Room facilities for treatment, any person under 18 years of age cannot authorize treatment for him/herself. To assist your child in obtaining treatment, please complete the form below. I, the undersigned parent or guardian, do hereby grant permission for the above named applicant to attend the youth event. In order that my child may receive the necessary medical treatment from the medical staff of an area hospital, I hereby consent to medical treatment for my child for such injury or illness during the youth event and authorize the adult or event staff to obtain such treatment. I hereby release and discharge the responsible adult, event staff, the Conference Council on Youth Ministries, and WV Annual Conference from any and all debts, judgments, or suits of any kind that may arise or be occasioned as a result of the applicant's participation in the youth event. I further acknowledge and understand that while participating in the youth event there is a possibility of physical illness or injury and that my child assumes the risk for such illness or injury by his/her participation. | |

| Parent/Guardian Printed Name: | Signature: |
|---|----------------------|
| EMERGENCY CONTACT AND MEDICAL INFORMATION (Please attach additional sheet if more space is needed.) | |
| Name: | Name: |
| Relationship | Relationship |
| Phone | Phone |
| Special Medical Conditions: Yes <input type="checkbox"/> No <input type="checkbox"/> | Explain: |
| Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> | List: |
| Current Medications: (please include over-the-counter) | |
| PAYMENT INFORMATION Payment/Forms Should Be Sent To: Conference Treasurer, Attn: Fall Workshop, PO Box 2469, Charleston, WV 25329 | |
| Who is paying? | Amt. Paid: Amt. Due: |