

2025 TEEN GIRL RETREAT

Sponsored by the Eastern Conference Woman's Missionary Society

G.A.P. Love



I appeal to you therefore, brothers, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship. Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect.

Romans 12:1-2



**February 28 – March 2, 2025 – Camp Summers & Manget
Ages 13-18**

Speaker: Sarah Fulmer

**Registration February 28th - 4:00 pm ~ Cost \$25 ~ Registration form due by
February 7, 2025**

Name _____ Preferred Name: _____

Birthdate: _____ Age: _____ Parent or Guardian: _____

Address: _____ City: _____ State and Zip Code: _____

Phone (Cell): _____ Phone (Home or Guardian): _____

Allergies: _____ Date of Last Tetanus Shot: _____

We are excited that you are coming to the Eastern Conference Woman's Missionary Society Teen Girl Retreat at Camp Summers & Manget.

Signature of Parent/Guardian: _____ Date: _____

In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the event director to hospitalize and secure proper treatment and order injection or anesthesia or surgery for the participant named on this application. I also affirm that the medical information on this form is both complete and correct.

By signing, I give Eastern Conference permission to use my child's picture for promotion of future events. I understand that if my child does not comply with the rules established by the event director, or staff, she will be sent home.

Mail form and \$25 to:

Missy Magers

304 Doc Road, Branchville, SC 29432

803-707-7355

Please make checks payable to:

Eastern Conference WMS

I authorize my child to be given the following over-the-counter medication as needed. **Initial medicine allowed:**

____ Acetaminophen (Tylenol)

____ Ibuprofen

____ Pepto-Bismol

____ Benadryl

Signature of Parent/Guardian _____