

**OVERBROOK PARK CHURCH OF CHRIST
PHILADELPHIA YOUTH RALLY &
EMPOWERMENT CONFERENCE**

June 9-10, 2018

Minister: Leureuna Gilbert

THEME: “P O W E R”

Romans 1:16

HOTEL INFORMATION

Hotel Cost: \$129.00 per night for a double room (sleeps FOUR)

These prices do not include applicable taxes – room fees are payable directly to the hotel. Reservations should be made as early as possible to ensure availability, but must be completed no later than June 1, 2018.

The REGISTRATION FEE includes continental breakfast Saturday morning and a lunch Saturday. “It also includes the activity for Saturday evening (ESCAPE ROOM)”

Group rate arrangements have been made at:

The Clarion: Philadelphia Airport

76 Industrial Highway

Essington, PA, 19029

The phone numbers to call for reservations are: (610) 521-9600 (office). Please be sure to mention that you are reserving rooms blocked under the Philadelphia Youth Conference to avoid being charged the regular rate.

Should you have questions or concerns, please contact the conference committee at (215) 868-9727 or (609) 922-3744, or by E-mail at

**opcocyouth@gmail.com
jeroldblackwell@gmail.com**

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CONFERENCE REGISTRATION INFORMATION

Registration Cost: \$50.00 – Please make registration checks payable to – Overbrook Park Church of Christ.

On-Site Registration: Cost is \$50.00.

The Registration Fee Includes All of the Following:

Meals:

Saturday: Continental Breakfast, Catered Lunch

Sunday: Lunch will be hosted by the Overbrook Park Church of Christ

Activities:

Saturday: Escape Room

Conference Schedule

Saturday, June 9, 2018

Registration

Continental Breakfast

Workshops/Youth Leaders Forum

Keynote Speaker: Kevin Perry

Lunch@ Building

Devotion

Escape room

Showtime! At the Park

Sunday, June 10, 2018

Check-Out

Sunday school

Worship

Lunch@ Building

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**ACTIVITY WAIVER FORM
(Please complete one form PER participating child under the age of 18)**

I/We, _____ give permission for my
Parent(s)/Guardian(s) Name

Child _____ to participate in the
(Child's Name)

activity at Escape Room on June 9, 2018. I understand and accept the risks that are inherent with this type of activity and I do hereby, with my signature below, release all counselors and the host congregation, known as the Overbrook Park Church of Christ, from any liability concerning my child while participating in this event.

Parent Name (Please Print)

Parent Name (Please Print)

Parent Signature

Parent Signature

(Date)

(Date)

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RETURN RECEIPT FORM

Upon receipt of your registration information, the receipt below will be returned to you as confirmation of receipt of your registration materials. Should there be any concerns; a member of the planning staff will also contact the contact person listed below directly.

Please complete only the top portion of this form:

CONGREGATION NAME: _____

MAILING ADDRESS: _____

Street Address/PO Box

City

State

Zip Code

CONTACT PERSON'S NAME: _____

CONTACT NUMBER(S): (_____) (_____)

*****Please Note: The Medical Consent Form for each Youth attending must be presented on Saturday, June 9, 2018 to our Medical Staff.*****

PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY OVERBROOK PARK CHURCH OF CHRIST

Registration Package Received: _____ / _____ / _____

Registration Packet is Complete () Yes () No

If no, the following information is missing:

- ❖ **Registration Submission Cover Sheet** _____
- ❖ **Participant Registration Form completed and attached** _____
- ❖ **Worship Participation Form completed and attached** _____
- ❖ **Activity Participation Form completed and attached** _____
- ❖ **Activity Waiver Form (1 for EACH participating child under 18)** _____
- ❖ **Medical Consent Form (1 per participating youth)** _____
- ❖ **Return Receipt Form** _____