



2015 HIGH SCHOOL RETREAT

WHAT: Attend Fascinate HS Conference at IHOPKC

WHERE: Kansas City, MO

AGES: Current Freshmen - Graduated Seniors

WHEN: Leave - Wednesday, July 15 @7:00 a.m.
Return - Sunday, July 19 @ approx. 7:00 p.m.

COST: \$175

Down Payment \$60 May 13 (along with all signed forms)

Final Payment \$115 July 1

COST INCLUDES:

Transportation, Lodging, Conference, and Breakfast and Dinners.

COST DOES NOT INCLUDE:

Four meals on the road and lunch each day, approximately \$60 (\$15 per day (2) on road and \$10 per day (3) during conference)



2015 HIGH SCHOOL RETREAT

Student Name: _____

Student Phone: _____ Student Email: _____
Receive Texts? Y / N

Student Grade: _____ Student Birthdate: _____

Home Address: _____
Street Address Apt # City Zip

I have included the following COMPLETED forms (with proper signatures!!):

- ☐ LHC Medical Consent (can submit one for both trips)
- ☐ LHC Scholarship Application (if needed)

Tom and Leigh,

I commit to:

- *demonstrating excellent behavior*
- *staying in groups of three or more*
- *attending as many portions of the conference as I can*
- *spending time with Jesus each day (quiet time, prayer room or in the Word)*
- *observing the rules set by the adult leaders*
- *being flexible in all situations*
- *making payments on time*
- *bringing enough money to cover my other meals*
- *arriving on time for the bus (every time)*
- *being prepared by packing everything I need for the trip and keeping up with my things while on the trip*
- *praying for this trip before, during and afterwards*
- *allowing God to use me to bless others.*

Student Signature: _____

Parent Signature: _____

Date: _____

MEDICAL CONSENT

I, _____, am the mother / father / legal guardian of _____, a minor. I hereby give and grant my full permission and authority to any Lake Highlands Church staff member or trip chaperone/sponsor to exercise care and control over my child, and to consent to medical treatment of my child while my child is on any trip or outing sponsored by the Lake Highlands Church of Dallas, Texas. This grant of permission and authority extends to both emergency and non-emergency treatment decisions that may need to be made on behalf of my child in case of any illness or injury, to be administered by such medical institutions and medical professionals as may be selected by the aforementioned staff member or trip chaperone/sponsor, including any procedure that such medical institutions and medical professionals deem advisable in attempting to relieve an emergency condition or any related unhealthy condition that may be encountered during any necessary operation.

I agree that the Lake Highlands Church, staff members and trip chaperones/sponsors shall not be held responsible for any accident which might occur in connection with this trip.

Parent's signature

Date

Insurance Company Name _____

Insurance Policy Number _____

Parents phone # (s) _____
Receive Texts? Y / N



EVENT: 2015 High School Retreat July 15-19

@ International House of Prayer – Kansas City, MO (Fascinate Conference)

COST: \$175.00 **Registration deadline is May 13, 2015**

We recognize that families may experience difficult economic times at some point or another. It is our desire for every student to be able to attend the Ignite Student Ministry retreats, camps and mission trips despite their economic situation.

To this end, we offer partial scholarships and payment plans to meet the family needs. We do ask that you prayerfully consider how much you can contribute in order to stretch our budget to allow for other students to receive scholarships. **To receive assistance this application must be completed and signed by a parent.**

Student's Name: _____

Parent's Name: _____

Home Address: _____

City: _____ Zip: _____

Parent Phone #: _____ Student Phone #: _____
Receive Texts? Y / N Receive Texts? Y / N

Parent Email Address: _____

Student Email Address: _____

I am able to make small regular payments to cover the trip cost.

I can make payments of \$_____ every week or every other week until paid in full.

I cannot afford to pay for the entire trip balance. I am requesting a partial scholarship.

I can pay a total of \$_____ (minimum of \$30) towards the retreat cost. I am requesting a scholarship for the balance.

Please list any current financial hardships that should be considered as this request is being processed

Parent Signature: _____