

Sowers of Seed Missions

Salt 'n Light Youth Ministry, Inc.

SOUTH CAROLINA - June 15-20 OR August 10-15, 2014

PLEASE READ CAREFULLY AS SOME DETAILS HAVE CHANGED

Thank you for joining our 2014 South Carolina mission team. We pray that your group will benefit from this special experience of serving, giving and receiving! This mission may change your life!

Our work will include various light construction projects, such as repairing porches and floors, building handicap ramps, painting, landscape clean-up, as well as outreach to children, youth and adults. We have expanded our emphasis to the larger community of McColl and have partnered with the Hope House, a ministry of Main Street UMC. We will be offering day camps, evening community gatherings, meals, etc. in addition to our work projects.

The following is pertinent and practical information about our mission. Please copy and give to each member of your group along with a copy of the attached medical form. *Please adjust the spacing of the medical form to fit on one page.*

Cost/Deadlines: The cost for this mission is \$300/person which includes lodging, meals (except during travel), and materials/supplies for our work projects. **A non-refundable deposit of \$100/person is due by April 15 (June Mission) OR June 10th (August Mission).** The remainder of the registration fee, as well as the medical form, is due **by May 15th (June Mission) OR July 10th (August Mission).** Your group is responsible for providing transportation and gas expenses.

Requirement for Construction-Skilled Adults: Because the majority of our work projects require basic construction knowledge and skill, each group must have 1 adult for every 7 youth on your team that is knowledgeable about construction. This will ensure our ability to be more effective in completing the needed projects. We also need adults that can oversee painting, clean-up, children's ministry, etc.

Travel: There are several options for travel: 1) if you would like to travel with another group, there will be groups leaving from the Camp Hill and the Altoona areas. If you prefer to travel separately, we will provide directions for you. Travel arrangements will be coordinated with each group closer to the mission.

Lodging:

JUNE: We will be staying at the Bruton Fork Baptist Church. In case of emergency, the number there is 843-479-0503. There are three enclosed rooms for girls and a large sleeping area for guys in an annex building which also has separate showers for guys and girls. Girls will also use the Sunday School rooms in the church building if needed. **Air mattresses** are highly recommended for everyone (there are a few cots available), especially the guys who will be sleeping on concrete floors.

AUGUST: We will be staying at Pinehill Baptist Retreat Center. In case of emergency, the number there is 843-479-9681. Bring either a sleeping bag or bedding - there are bunks and cots in the dorms.

Things to Bring: Work clothes, comfortable work shoes, work gloves, casual clothing for evening gatherings, pillow, sleeping bag/blanket, towels, personal toiletries, Bible, notebook, sun screen, bug spray, hammer (put name on it), money for meals during travel and snacks during the week, games or cards for afternoon free time, bathing suit (in the event we are able to go swimming). We will also be taking an offering at the end of the week which will be given to help families in need - this is a free-will offering, not an obligation.

For more information, contact:

Cindy Noel at cnoel@snlym.com , 814-632-8589 OR Chris Irvin cirvin@snlym.com , 717-610-1300

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EMERGENCY MEDICAL INFORMATION

(To be filled out and submitted by all participants)

Participant's Name _____
Last First M.I. Date of Birth

Address _____

Home Phone _____ Email _____

Emergency Contact Person _____
Name Relationship Phone

Health Insurance Company _____

ID/Policy # _____ Group # _____

Employer (adult) _____

Parents Name (youth) _____

Are you a member of an HMO? Y N Primary Care Physician _____

Are you taking any medication at present? Y N Are you allergic to any medications? Y N

List: _____

Non-prescription medications you do not want to receive _____

Have you had a tetanus shot within the last five (5) years? Y N

Are you allergic to any of the following: ___ Bee stings ___ Food allergies ___ Skin allergies

Do you have a history of any of the following: ___ Diabetes ___ Seizures ___ Asthma

Have you ever had hepatitis? Y N Do you have current medical problems or restrictions? Y N

If so, indicate _____

I give permission for the adult team supervisor to transport and request medical attention for my child.

Signature of participant

Parent Signature if participant is under 18

NOTE: The above stated insurance coverage will be applied in all situations requiring medical attention

Please print this form on one page and return all team member forms to:

Cindy Noel

4707 Warriors Mark Path

Tyrone, PA 16686