



Dear Parents,

If you are getting this letter, it is because either you or your middle school student have expressed interest in them going to CIY Believe on March 27-28. I just wanted to touch base with you and give you a few more details regarding the trip.

Believe is an amazing Jr. High event that your student will not want to miss. This year it is held at the Convention Center in Kansas City, MO on Friday March 27 and Saturday March 28. This is a two day event specifically for 6th-8th grade students. We will join thousands of other middle school students as we take part in amazing worship, learn from some of the best speakers in the country, and have a ton of fun throughout the weekend.

The cost for the trip is \$75, which covers the cost of the conference, lodging at a local church, and 2 of the three meals while we are gone. I know this is one of the more expensive trips that we will go on, but I do not want the cost of the trip to be the reason that someone does not get to attend, so if this is an issue please feel free to contact me, and we will do what we can to work it out so that your student can go. I truly believe that God is going to do some amazing things this weekend and hope that your student can be a part of it.

The theme this year at Believe is "Contact" and will help students explore the contact we have with God through prayer. The God of the universe wants to make CONTACT with us. He wants to impact our lives. And He provides access to His awesome power at any time and for all people through this wonderful thing called prayer. But what is prayer? How does it work? When should you do it? What words should you use? These are all questions that junior high students are asking. They have a hope that this mysterious God has power to affect their lives, but they aren't sure how to talk to Him. Believe's CONTACT tour will help young people all over the U.S. better understand the amazing gift of prayer and how it can make an impact on their lives.

If your student is planning on going, please let me know as soon as possible, as we have to get everyone registered and plan for transportation purposes. The deadline to sign up and have the money turned in is Thursday, March 12. (After this date the registration cost increases.) You can sign up online at maconcrossroads.com/student.

This trip is right around the corner and we want everyone to be as prepared and informed as possible. I have attached a short itinerary, packing list and permission slip. Hopefully with this information, each student will be prepared for an awesome weekend at Believe. If you have any questions about Believe or need to get in contact with us during the weekend you can contact me on my cell at 636.373.0570.

Thanks,

Justin

Schedule

Friday

- 3:00 PM—Leave Crossroads
- 6:30 PM—Doors open
- 7:30 PM—Main Session #1
- 8:45 PM—Main Session #2
- 10:50 PM—Dismiss
- Midnight—Go to sleep

Saturday

- 7:00 AM—Wake up and Breakfast
- 8:30 AM—Doors open
- 9:30 AM—Main Session #3
- 11:00 AM—Main Session #4
- 12:30 PM—Lunch
- 2:00 PM—Doors Open
- 2:30 PM—Main Session #5
- 4:00 PM—Dismiss
- 6:30-7:00 PM—Back at Crossroads

Here is a short list of items you will need to bring:

- Bible/Notebook
- Bedding for sleeping: (Pillow, Sleeping Bag, Blankets)
- Clothes for Saturday, Toothbrush and DEODORANT!!
- Cash (\$ for 1 Fast Food Meal and any extra \$ for Believe souvenirs-Shirts, Cd's, etc.)

Crossroads Christian Church

Student Ministry Activity Permission Slip

Basic Information

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth _____

Telephone: _____ Male _____ Female _____

Insurance Information

Health Insurance Co.: _____ Policy # _____

Physician or Clinic: _____

Specific medical condition(s) or other necessary health information:

Parental Authorization

As the parent or guardian of _____ I give permission for my child to participate in the activities of Crossroads Christian Church. My child has my permission to be transported to and from any approved activity with Crossroads Christian Church. I understand that neither Crossroads Christian Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ Date: _____

Medical Release

As the parent or guardian of _____, I do here authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature Parent/Guardian: _____ Date: _____

Home # _____ Cell # _____ Work # _____

Emergency Contact other than Parent or Guardian:

Name: _____ Phone # _____

Relationship: _____