

ALL Troy UMC STUDENTS

2018 Advent Series

Wednesday Night Series



As we prepare during this Advent season for the coming of Christ into the world, Troy UMC students are invited to go into the world to serve alongside those who: care for college students, supervise high school students in residential care, and distribute food to people who are unable to obtain healthy affordable food in the St. Louis metropolitan area.

Advent

GO!

Meet at Church per Schedule
Dinner "On the Road" will be provided
2018 Advent Wednesdays
12/05, 12/12, and 12/19

"Advent Go!" Information

Wednesday Night Series

12/05, 12/12, & 12/19

Student RSVP Form required

"Go!" to serve others during Advent

* Please bring designated items!

* Dinner on the Road provided.

* Students will text return ETA

12/05/18 5:45 pm Meet
6:00 PM Depart

McKendree University
Lebanon, IL

BRING: individually wrapped snacks
for Final Exam Care Bags

DINNER: pizza at Schiappa's

12/12/18 5:45 pm Meet
6:00 PM Depart

Spero Family Services
Mt. Vernon, IL

BRING: \$10 gift cards to fast
food restaurants and/or retail stores

DINNER: McDonald's

12/19/18 3:00 pm Meet
3:15 pm Depart

St. Louis Area Foodbank
Bridgeton, MO

BRING: at least 5 cans of food &
1 pkg of TP for Ministries Unlimited

DINNER: Sugarfire Smoke House

Contact: Rev. Kurt Stone
Cell (618) 407-7586
kurt@troyumc.org



Troy UMC Student Registration & Release of Liability
Advent Go! Wednesday Night Series
12/05/18, 12/12/18, and 12/19/18

Name _____ Birthdate _____

Address _____ Grade/School _____

City _____ State _____ Zip _____

Home Phone _____

Student's Cell _____

Student's E-Mail Address _____

Parent's Cell _____

Parent's E-Mail Address _____

Emergency Contact _____

Phone _____

I indemnify, defend and hold harmless Troy United Methodist Church, Volunteer Staff, from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians. However, if parents or guardians cannot be reached, or if I, the signed registrant am 18 years of age or older, I hereby give the Troy United Methodist Church permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release the church, and medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury from the registrant's activities. I give permission to take and use photographs of my student for promotion of TUMC.

I am a Parent _____ Guardian _____

Signed: _____

Printed name: _____

Health Insurance Company: _____

Policy Number: _____

Primary Care Physician: _____

Preferred Hospital: _____

Medical conditions or prescriptions: _____