

# MEMORIAL DAY WORK WEEKEND

Mt. Cross Lutheran Camp  
P.O. Box 387, Felton, CA 95018  
831.336.5179

May 22<sup>nd</sup> - 25<sup>th</sup>, 2009  
Registration



Please fill out this registration and return it to Mt. Cross.

## General Information

Group or Family Name: \_\_\_\_\_

(List all attendees on reverse side)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If you have any questions about Memorial Day Weekend contact Debbie at 831.336.5179 or [mtcross@mtcross.org](mailto:mtcross@mtcross.org)

Mail this completed form, the signed weekend covenant, and your deposit/ ticket payment to:

Mt. Cross  
P.O. Box 387  
Felton, CA 95018

**DEPOSIT:** As a deposit for housing, please include payment for the number of BBQ tickets needed for you and your family/group.

# of Adult BBQ Tickets (\$15 each): \_\_\_\_\_

# of Child BBQ Tickets (\$6 each): \_\_\_\_\_

(Child tickets are for ages 9 and under.)

Total Amount Enclosed: \$\_\_\_\_\_

## Housing:

As housing for this event is limited, the information provided below will assist us when assigning rooms. We'll accommodate your request to the best of our abilities, please realize you may not be placed in your choice of housing. As with every Mt. Cross program housing is assigned in a "first come first serve" basis, however individuals with special needs will be given priority for centrally located housing.

Number of individuals in your party: \_\_\_\_\_

Indoor lodging: # of single beds \_\_\_\_\_

# of double beds \_\_\_\_\_

Outdoor lodging: # of campsites \_\_\_\_\_

If you have special needs (handicapped, elderly) and need to be centrally housed, please list

here: \_\_\_\_\_

## What meals will you be attending?

(Please indicate by number how many from your group will be eating at each meal.)

### Saturday May 23<sup>th</sup> :

Bfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

### Sunday May 24<sup>th</sup>:

Bfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

### Monday May 25<sup>th</sup>:

Bfast \_\_\_\_\_ Lunch(BBQ) \_\_\_\_\_

## List Requested Room Mates Below

\_\_\_\_\_  
\_\_\_\_\_

**Memorial Day 2009 Tickets: Adults \$15, Youth 9 and under \$6,  
Children 3 and under Free.**

**Parents & Adult Youth Group leaders are responsible for their children & youth attendees at all times. Everyone attending will be assigned projects to get the camp ready for summer.**

(List all attendees)

**Adults/Leaders/Chaperones/ Parents**    Contact Cell # \_\_\_\_\_

M  / F  Name: \_\_\_\_\_

M  / F  Name: \_\_\_\_\_

I/WE, along with our other participants, have read and signed the work weekend covenant and we are agreeing to actively participate in the work projects underway during the weekend. (Please initial here as an acknowledgement of enclosing the signed covenant with your registration)

**Youth/Children/Other Participants**

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

M  / F  Name: \_\_\_\_\_ Age \_\_\_\_\_

**If you need additional spaces please include an attached sheet. Thank you!**

**Memorial Day 2009 Tickets: Adults \$15, Youth 9 and under \$6, Children 3 and under Free.**



# MT. CROSS MINISTRIES

## MEMORIAL DAY WORK WEEKEND

May 22<sup>nd</sup> - May 25th, 2008

March, 2009

Greetings!

When Summer approaches it is time to prepare for summer Summer Youth Camps. Your family is invited to a full weekend of hard work and an exciting Memorial Day of activities for all ages; games, raffles, music, and Mt. Cross's Famous BBQ!

Enclosed is a Memorial Day registration *and* the work weekend covenant (must be signed before the registration can be processed). Please fill both out completely and return to Mt. Cross. Housing is assigned on a first come/first serve basis and arranged to accommodate as many people as possible. Space is limited, so register early.

**Centrally located housing is at a premium, and we will give priority to the elderly, families with small children, and those with special needs. Please understand and consider this when you request specific housing!**

**Each family/group must pre-purchase their BBQ tickets as a deposit for housing.** If you do not plan to stay for the Memorial Day festivities, we would ask that you still consider purchasing a ticket, as all funds raised go towards supporting Mt. Cross! Please include your payment with your registration, indicating the number of Adult and Child tickets you need.

Every year funds raised from the Memorial Day BBQ go directly to the Campership Program. This program provides funding for youth to attend Mt. Cross in cases where it would be otherwise impossible.

The Mt. Cross staff is praying for this event and for the individuals God is leading to participate this year. We look forward to hosting you this year! If you have any questions regarding Memorial Day, please contact us in the Mt. Cross office.

Blessings,

Debbie Ford,  
Memorial Day Weekend Coordinator and Registrar  
Phone: 831-336-5179  
[mtcross@mtcross.org](mailto:mtcross@mtcross.org)

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Children 3 and under Free.**

# MEMORIAL WEEKEND WORK PARTY WORK COVENANT

I/We of the \_\_\_\_\_ church/family hereby agree to fully participate in all work activities during the Memorial Day Weekend Work Party. I/We agree to be working on assigned projects from the hours of 9am-12noon and from 1pm-5:00pm on Saturday and Sunday, May 23<sup>th</sup> and May 24<sup>th</sup>, 2008. There will be plenty of time for resting, using the pool, and personal activities after 5:00pm on each work day.

This is a weekend of daily work and afternoon/evening fun as we all assist in getting Mt. Cross ready for its Summer Camp activities.

I/We also agree that we are not to use drugs, alcohol, and rude language throughout the entire weekend. I/We also agree that if we are in violation of this covenant, we will be asked to leave the work weekend.

We want this weekend to be a benefit to Mt. Cross Ministries, our fellow workers, and the staff of Mt. Cross Ministries. We agree to adhere to this covenant throughout our entire stay at Mt. Cross.

**EVERYONE** in your registration party must sign this form before your registration can be processed.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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# HEALTH INFORMATION FOR MEMORIAL DAY WORK WEEKEND

SINCE THERE IS ALWAYS A CHANCE OF ILLNESS OR INJURY, WE STRONGLY RECOMMEND THAT YOU COLLECT THE FOLLOWING INFORMATION ON YOUTH WHO WILL NOT BE ACCOMPANIED BY A PARENT WHILE AT MOUNT CROSS DURING MEMORIAL DAY WEEKEND. ADAPT THIS FORM TO MEET YOUR NEEDS OR USE A SIMILAR FORM DEVELOPED FOR YOUR OWN MINISTRY. PLEASE MAKE A COPY OF HEALTH INSURANCE CARD AND ATTACH TO THIS FORM.

Youth  
Name: \_\_\_\_\_

Youth Leader accompanying you on this  
trip: \_\_\_\_\_

Parent  
Name: \_\_\_\_\_

Parent Phone Number (home or  
cell): \_\_\_\_\_

Or where they can be  
reached: \_\_\_\_\_

Prescribed Medication you are currently  
taking: \_\_\_\_\_

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Medication  
Allergies: \_\_\_\_\_

If None, Check here: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_

Medical Insurance #: \_\_\_\_\_

I will not hold \_\_\_\_\_ Lutheran Church for accidents, claims and damages arising there from. I also authorize \_\_\_\_\_ Lutheran Church to take such action as deemed necessary for the care, welfare and health of my child, including giving consent for medical treatment.

I give my permission for first aid to be administered, if needed and for Ibuprofen and/or Acetaminophen to be administered for relief of pain.

Parent  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(This form will be kept with an adult leader during the duration of the trip.)

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