



MIDDLE SCHOOL **VBS** & MIDDLE SCHOOL **Ripple** !

June 16-20, 2014

This year, middle school youth have some VBS options!

- ◆ **Middle School VBS:** Monday through Friday, 9:00 am until noon with Bible Study, games, snacks, and service projects in the downtown area. Including overnight mission trip on Wednesday night. Kids will do projects at West Middle Family Center, and then spend the night at Homer United Methodist Church.

VBS Only Option: \$30.00

- ◆ **Middle School Ripple - Extended Day Service Option:** Bring a sack lunch each day and go out into the community and do service work on Monday, Tuesday, and Friday.

Ripple Option: add \$15.00

- ◆ **Join VBS Kokomo's Trip:** Thursday afternoon from 2:00-6:00 pm.

Kokomo's Option: add \$20.00

TOTAL For a Full Week of VBS, Ripple & Kokomo's: \$65.00

Please return this form and payment by Thursday, May 19, 2014
to the church office, Attention: Marcia Payne.

For more information, please call Becky Jenkins at (989) 835-6797 ext, 114 .

Name _____

Current Grade _____

Address _____

Zip _____ Phone _____

Emergency Phone _____

Parents'/Guardians' Names _____

Email _____

Church Affiliation _____

T-shirt size: S M L XL XXL (adult sizes)

Please complete back side of form!

Amount enclosed:

VBS Option:

\$30.00

Ripple Option:

add \$15.00

Kokomos Option:

Add \$20.00

TOTAL _____

FOR OFFICE USE ONLY:

Check #

Date Received

**Please return this form and payment by Thursday, May 19, 2014
to the church office, Attention: Marcia Payne.**

For more information, please call Becky Jenkins at (989) 835-6797 ext, 114 .

I give permission for my child to be transported around the Midland area by adult middle school counselors for service projects and by MPS (for Kokomo's).

Parent/Guardian signature _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I can't be reached, I give permission to the staff and/or accompanying adult leaders to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also understand that I will not hold the First United Methodist Church of Midland or its paid or volunteer staff or accompanying adult leaders responsible for any accident or illness my child may incur.

Parent/Guardian signature _____

Any allergies or other health concerns (please explain): _____
