

ALIVE[®]
MUSIC FESTIVAL

JULY 14-17, 2022
ATWOOD LAKE PARK
MINERAL CITY, OH

Crossroads is going to Alive!!!

Who is this trip for?

- High school students in grades 9-12.

When?

- **July 14-18**

LEAVING: Thursday July 14, meet at St. Paul's to pull out of the parking lot at 8am (be here at 7:45am)

RETURNING: Monday July 18, at the church around 2pm

Cost — \$175 total

- \$50 Deposit is due to Crossroads May 1st. \$125 final payment is due May 15. Non-refundable unless someone will take your place on the trip. You can bring the full amount on May 1st if you wish.
- You can write a check made payable to St. Paul's. memo Crossroads with your child's name, pay in cash, or online at crossroadsyouthministry.org (online payments available on May 1st).
- Scholarships available - contact Rhea to discuss at rhea@stpaulsepc.org or 540-333-4868, or check the box on the payment sheet and Rhea will reach out.

- **What are we doing?**

- We'll start the party Thursday morning and drive to Mineral City, Ohio. We will arrive and set up our campsite. The festival takes place at a campground with a lake! If you would like to purchase a shower pass, you can do so for an extra \$30 when we arrive. Festival showers are not included in the cost, however we will be taking advantage of the lake, so there is opportunity to get less smelly. We will be enjoying awesome Christian music from some of our favorite bands on 3 different stages across the campground. You will have the option to jump between concerts, the lake, and our campsite. There is some walking involved and a lot of sun so make sure to bring your water, hat, and good walking shoes!

- Your retreat cost includes meals! However, there are food trucks all over the festival. If you are wanting to eat at any of these, this will be on you. So bring some extra cash if you're interested. We will always have a free option for meals at our campsite. We will stop on the way home from the festival for fast food. Please bring money for that or we will have an option of PB&J for anyone who would like to have a free option!

- **Why should you come?**

- It's going to be super fun!
- You get to create lifelong memories with all your friends.
- You'll be surrounded by folks who desire to know and follow Jesus.
- You'll get a chance to check out some sweet music!

SPACE IS LIMITED - SIGN UP TODAY TO HOLD YOUR SPOT

CROSSROADS RETREAT PAYMENT SLIP

Please return this slip with your child's retreat payment. This helps us keep accurate records as we prepare for the trip.

Child's Name: _____

Grade: _____

Parent Phone: _____

Total Amount Due for Alive Music Festival = \$175

Deposit amount (\$50) due May 1st - Remaining balance (\$125) due May 15.

Please select:

- I would like to discuss scholarship options for my child.
Please have Rhea call me at the phone number listed above.
- I have enclosed the **deposit** and will submit the remaining balance by May 15.
- I have enclosed the **full balance** for the trip.
- I have enclosed the full balance for the trip as well as an **additional** donation for the scholarship fund.

* My donation amount is: \$ _____

Payment Enclosed: \$ _____

Date Submitted: \$ _____

**If you wish to make an additional contribution, it will be added to the Crossroads scholarship fund to help make these trips accessible for all students.*

Crossroads Permission Slip

Student Name _____ Phone _____

Address _____

City/State/Zip _____

I give permission for my child to join Crossroads Youth Ministry for four days at the Alive Music Festival. I understand that my child will be traveling by van and attending concerts, and being in big crowds. I understand that these activities all come with inherent risk and accept those risks.

I hereby release Crossroads Youth Ministry and St. Paul's Presbyterian Church, its staff and sponsors, for responsibility and liability for any injury or illness that my child may sustain during this activity. **Initial:** _____

In the event of an emergency, I hereby authorize the adult leader of this activity, as an agent for me, to consent to any X- ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent Signature

Date _____

Allergies _____

Pertinent medical concerns

Emergency Contact:

If I am unable to be reached, I give permission for the following to be contacted. They have my authority to give permission for medical care and treatment.

Contact #1

Name: _____

Phone: _____

Relationship: _____

Contact #2

Name: _____

Phone: _____

Relationship: _____