

# Youth Leader's Training Event

at Lake Chautauqua Lutheran Center  
October 28-29, 2011



## 3 focus areas for 2011:

- **ELCA Youth Ministry Training Program**  
Our special guest presenter, Pastor Justin Johnson, will walk us through a program that looks at youth ministry as faith formation, and discuss a multitude of details and ideas to build a successful program. Get the latest 2012 Youth Gathering updates as well.
- **Bible Study & Group Building 101**  
Lee Lindeman, LCLC Director, will look at designing and implementing quality Bible Studies and delve into the basics of building a faith-centered, trusting community.
- **“Hot Topics”: A chance to discuss your burning questions**  
Bring any and all questions, concerns, and ideas to the table as we use this time together to talk about the big questions (and answers?) in youth ministry.

Sponsored by the Niagara Frontier Conference LYO and LCLC, this event is designed for volunteer and paid youth leaders with any level of experience. In addition to the above, we'll also share in times of reflection and fellowship with other youth workers.

**WHEN:** 7:00PM Friday to 3:00PM Saturday

**WHERE:** The Retreat Center at LCLC

**COST: Only \$35!** Cost includes meals, lodging with linens, and an excellent program. Please note that the \$35 registration fee is non-refundable.

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## Youth Leader's Training Event Registration - Deadline October 21

Names \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(Final Confirmation will occur via email)

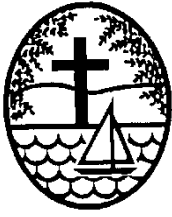
Please make checks payable to LCLC or Charge with your Master Card or Visa:

Amount Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_  
\_\_\_\_ Visa \_\_\_\_ Master Card

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: LCLC, 5013 Route 430, Bemus Point, NY 14712



An Outdoor Ministry of the Upstate New York Synod of the ELCA

**Lake Chautauqua Lutheran Center**

5013 Route 430  
Bemus Point, NY 14712  
716-386-4125

[contact@lclcenter.org](mailto:contact@lclcenter.org)  
[www.lclcenter.org](http://www.lclcenter.org)

### Youth Leader's Training Event at LCLC Consent for Medical Treatment Form

I the undersigned hereby authorize a representative of Lake Chautauqua Lutheran Center to seek emergency medical treatment, surgery or dental care to be given to myself as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Names: \_\_\_\_\_

\_\_\_\_\_  
Signature Physician Phone

\_\_\_\_\_  
Date Insurance Company Policy #

\_\_\_\_\_  
Insurance Company Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone Allergies, Conditions or Medications of which we should be aware?

\_\_\_\_\_  
Medical Conditions continued... Secondary Emergency Contact: Name Phone Relationship