

Youth Leader's Training Event

at Lake Chautauqua Lutheran Center
March 24-25, 2017



Event Theme: "Plan-It"

Co-led by Rick Mollenkopf-Grill (Director of Youth Ministry, Organic Youth) and Kurt Schlewitt (Program Director, LCLC), this event is a guided weekend of planning resulting in a one-year outline for your youth ministry!

You're invited to come and begin planning through three vital youth ministry lenses. Learn from proven planning techniques. Receive helpful program templates. Get time and space to work on your ministry design. Leave with: knowing why you do what you do; how to work smarter and faster; a framework for next year's youth ministry; personalized self-care keep-you-in-ministry goals; and more!

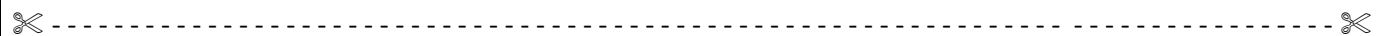
This event is designed for adult volunteer and paid youth leaders with any level of experience. In addition to the above, we'll also share in times of reflection and fellowship with other youth workers.

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

WHERE: The Retreat Center at LCLC

BRING: A computer, a calendar, and the "sacred dates" you need to plan around such as church, community and your own family schedules in 2017-18.

COST: Only \$55! Cost includes meals, lodging with linens, and an excellent program. Please note that the \$55 registration fee is non-refundable.



Youth Leader's Training Event Registration – Deadline March 20th 2017

Names _____

Address _____
Street City State Zip

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

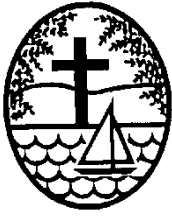
Please make checks payable to LCLC or Charge with your Visa or Master Card:

Amount Enclosed _____ Check Number _____ Visa _____ Master Card _____

Number _____ Exp. Date _____

Signature _____ Date _____

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



Lake Chautauqua Lutheran Center, Inc.

5013 Route 430

Bemus Point, NY 14712

716-386-4125

contact@lclcenter.org

www.lclcenter.org

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

I, _____ 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