



June 26, 2008

Dear Missions Partners:

Enclosed you will find all the needed information for the 2008 Children in Action Missions Exploration Day. I trust that you have your calendar already marked for October 4, 2008 for this important event. You will note that this year the event will be held in two locations to perhaps make transportation a little easier for some of you.

Please follow the instructions on each page carefully. If you have questions, please connect with Teri Broeker, our Missouri WMU Children in Action Consultant. Her telephone number is 1-573-478-3512 or e-mail (tbroeker@marktwain.net). You can always call me on my MBC cell phone 1-314-650-9492 or e-mail (vmccaughan@mobaptist.org). You can also call the Missouri Baptist Convention 1-800-736-6227, ext. 640.

Children in Action is a co-ed missions education opportunity for children in grades 1-6. Even if your church does not have a Children in Action organization, would you consider taking some of the children to this missions day camp experience? We look forward to hearing from you and seeing many of you on October 4, 2008!!!

Sincerely,
Vivian McCaughan
Vivian McCaughan
WMU/Women's Missions & Ministry

MISSIONS EXPLORATION 2008

Saturday, October 4, 2008

9:30-3:30

\$10.00 per person by registration deadline

\$15.00 per person at door or if mailed after deadline

- Missions Exploration is an opportunity for **boys and girls in grades 1-6** to learn about missions in a camp setting. They will enjoy activities as they learn about missions in Africa.
- Missions Exploration will be held at 2 locations:

Pulaski Baptist Camp	Grand Oaks Baptist Assembly
26224 Silver Lane	9463 Hwy 190
Waynesville, MO	Chillicothe, MO
573-774-2926	660-646-6477
- Registration forms and fees are due by September 12th. Online registration is available at www.mobaptist.org/wmu. A registration form is enclosed if registering by mail. **If registering by mail, please send one check per group.** All fees are non-refundable but may be transferred to a new, unregistered camper.
- **Please bring a sack lunch for each person in your group.**
- There will be inexpensive items available to purchase at a gift/snack shop on site.
- Please collect and bring the following items for LINC (*Love in the Name of Christ*):
 - #2 pencils
 - Boxes of 24 count crayons
 - Boxes of 10 washable markers
 - Diapers- any size
 - Wet wipes

TENTATIVE SCHEDULE

- 9:30 Check-in and Arrival Activities
- 10:00 Opening Large Group Session
- 10:50 Small Group Rotation Activities
- 11:50 Sack Lunch (please bring your own sack lunch and drinks)
- 12:20 Small Group Rotation Activities
- 2:50 Closing Large Group Session

2008 Missions Exploration

REGISTRATION & T-SHIRT ORDER



Send this form with ONE check by **September 12th**.

Please note on-line registration is available at www.mobaptist.org/wmu

Registration at-the-door will be \$15.00 (no credit cards- cash or check only).

Church _____ Phone: (____) _____
 Address _____
Street or PO Box City Zip
 Contact Person _____ Phone: (____) _____
 Address _____
Street or PO Box City Zip
 Email _____

Please indicate which location you are attending:

- Pulaski Baptist Camp, Waynesville
- Grand Oaks Baptist Assembly, Chillicothe

TEE SHIRT ORDER:

No t-shirt orders after Sept. 12th.

_____ Youth Small
 _____ Youth Medium
 _____ Youth Large
 _____ Adult Small
 _____ Adult Medium

_____ Adult Large
 _____ Adult X Large
 _____ Adult 2X Large (add \$2 each)
 _____ Adult 3X Large (add \$3 each, colors may vary)
 _____ Adult 4X Large (add \$4 each, colors may vary)

_____ # T-shirts @ \$5.00 each = \$ _____
 \$ _____ additional charge larger sizes
 \$ _____ Total T-shirt cost

Send this form with one check by **September 12.** Registration goes up to \$13 after this date and **closes Sept. 26.**

_____ # of adults registering
 _____ # of children registering
 _____ Total x \$10 = \$ _____
 _____ Total x \$13 = \$ _____ if sent after **September 12th**.

Total (registrations & t-shirt orders amount): \$ _____

MAKE ONE CHECK PAYABLE TO MBC AND SEND TO:



MISSOURI BAPTIST CONVENTION
 MISSIONS EXPLORATION
 400 E. HIGH STREET
 JEFFERSON CITY, MO 65101

If preferred, on-line registration is available at www.mobaptist.org/wmu

PERMISSION-MEDICAL RELEASE FORM



(One form is needed for each person in attendance. Keep a copy of each form with you.)

Name of Church Group _____
Reason for Outing _____
Date _____

Name _____
Birth Date ____/____/____ Age ____ Social Security # _____
Address _____
City _____ State _____ Zip _____

Parent/Guardian Name _____
Home Phone (____) _____ Work Phone (____) _____
Other Person to Notify in Case of Emergency _____
Relationship _____
Day Phone (____) _____ Evening Phone (____) _____
Church _____ City _____ State _____
Pastor's Name _____ Phone _____

Bring this completed form with you to the event.
DO NOT MAIL.

PLEASE SUPPLY ALL OF THE FOLLOWING INFORMATION.

Medical Insurance Company Name _____
Group# _____ Policy # _____
Company Address _____
City _____ State _____ Zip _____
Phone (____) _____

PHYSICAL LIMITATIONS (Asthma, diabetes, allergies, etc) AND/OR SPECIAL INSTRUCTIONS (allergic to certain medications, rare blood type, wears contacts, etc)

LIST ALL MEDICATION TAKEN ON A REGULAR BASIS AND/OR ANY YOU BRING WITH YOU (Prescription medications need pharmacy label and name of doctor.)

DATE OF LAST TETANUS SHOT _____
PERMISSION TO GIVE TYLENOL OR OTHER OVER THE COUNTER MEDICINE

YES _____ NO _____

AS PARENT OR LEGAL GUARDIAN, I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE OUTING NAMED ABOVE AND UNDERSTAND THAT THE CHURCH AND ADULT SPONSORS CANNOT ASSUME LIABILITY FOR ACCIDENT OR INJURY TO PARTICIPANTS. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION FOR THE PHYSICIAN SELECTED TO HOSPITALIZE, SECURE PROPER TREATMENT, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD NAMED ABOVE.

Signed _____
Date _____ Relationship _____