

NEW BEGINNINGS / FOR GRADES 6-8

WHEN: October 14-16, 2005

COST: \$60.00

WHERE: Camp Wingmann / Avon Park, FL

A UNIQUE PROGRAM - New Beginnings is a unique weekend especially designed to respond to the issues, and needs of teenagers in grades 6-8. It was created in the Diocese of Central Florida by adults and young people to help participants grow in their love of themselves, others, and the Lord Jesus Christ. Any person in grades 6 through 8 can attend a New Beginnings weekend. Participants do not have to be Episcopalian, but must be recommended through an Episcopal church and have the backing of an adult sponsor from that church who will be attending the entire weekend.

SPONSORS - Every church that sends participants to New Beginnings must send an adult sponsor (over age 21) with them. The adult sponsor will be responsible for transporting their participants and serving as a support person to the Family Group Leader during the entire weekend. Because of the importance of the sponsor, no young person's application will be accepted without a sponsor's name and address.

WEEKEND FORMAT - The program starts on Friday at 7 p.m. & continues to Sunday at 2 p.m. There is a series of songs, skits, films, tapes, talks (by youth and adults), and small group discussions. These focus around various subjects Self, Friends, Parents, Siblings, School, God's Love, Prayer, Who is Jesus?, and the Church. There is recreation time too.

COST - The weekend will cost \$60.00 per person (including each sponsor) Participants are limited to 100. Fees accompany the applications. Deadline for registration is one week before the weekend.

NEW BEGINNINGS REGISTRATION FORM

Name _____ Sex _____ Current Grade _____ Age _____ Telephone _____
Address _____ City _____ ST _____ Zip _____ Birthdate _____
Have you attended New Beginnings before? _____ Your Church _____
Weekend Sponsor's
Name _____ Phone _____
Sponsor's Address _____ City _____ ST _____
Zip _____
Parent's Signature _____ Priest's Signature _____

Diocesan Medical Release Form

Notify in case of emergency _____

PARENTS: (application will not be accepted with out parent's signature) I hereby release the Diocese of Central Florida & its staff from responsibility & liability for any injury or illness my child may sustain during this activity. In the event of an emergency I hereby authorize an adult leader of this activity as agent for me to consent to any medical, dental, surgical, treatment & care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible.

Parent's or Guardian's signature _____ Date: _____

Insurance Policy Number: _____ Company: _____

Please inform us of any dietary and/or medical needs or physical limitations your child might have...

Please make checks payable to: **New Beginnings**. Payment must accompany application.

Please mail to:

Nick Manzoli/1466 Marsh Creek Lane/Orlando, FL 32828/407-619-2648