

**Special Activities Permission Slip**  
**Dorseyville Alliance Church**

Church Phone: 412-767-4600

\_\_\_\_\_ **FOCUS STUDENT MINISTRY** \_\_\_\_\_ is planning a  
a \_\_\_\_\_ **REPLENISH YOUTH RETREAT** \_\_\_\_\_  
at \_\_\_\_\_ **MAHAFFEY CAMP AND CONFERENCE CENTER** \_\_\_\_\_  
on \_\_\_\_\_ **JANUARY 17TH - 19TH 2025** \_\_\_\_\_.

Transportation **WILL** be provided. We will be leaving from **DORSEYVILLE ALLIANCE CHURCH**  
**ON JANUARY 17TH AT 5PM AND RETURNING AROUND 3PM ON THE 19TH**

Please bring **A TWIN-SIZED FITTED SHEET, BLANKET/SLEEPING BAG, PILLOW, TOWEL, TOILETRIES, BIBLE, JOURNAL ETC.** *[If you are bringing medication, please bring it in a labeled ziploc bag - name, medication, dosage - to be checked in with the camp staff].*

The cost will be \_\_\_\_\_ **\$105 ON OR BEFORE 12/13, \$115 AFTER 12/13** \_\_\_\_\_

IN ORDER TO PARTICIPATE, SIGNED PERMISSION SLIP BELOW MUST BE RETURNED

TO: \_\_\_\_\_ **MARA HOWELL, MARK CONKLIN, OR THE DAC OFFICE** \_\_\_\_\_ By \_\_\_\_\_ **12/22/24** \_\_\_\_\_  
(Leaders Name) (Date)

IF YOU HAVE QUESTIONS, PLEASE CALL \_\_\_\_\_ **412-767-4600** \_\_\_\_\_

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Permission Slip

Your signature indicates that your child has permission to attend this event, and that you give permission for emergency medical treatment to be administered until you can be reached, in case of illness or injury. We will make every effort to provide safe conditions and adequate adult supervision. You agree not to hold Dorseyville Alliance Church or its leaders liable in case of accident or injury to your child. We are, as always, interested in a safe event in every way, and in the physical, mental and spiritual development of your child.

\_\_\_\_\_ has my permission to attend  
(Child's Name)

\_\_\_\_\_ **REPLENISH YOUTH RETREAT 2025** \_\_\_\_\_  
(Name of Event)

\_\_\_\_\_  
(Signature of Parent) (Date)