

Dear Youth group parents;

Did you know that in just the town of Middletown there are over 80 children who live well below the poverty line each and every day? The **Homeless For a Night** event is just around the corner. This is an event to raise awareness for the growing population of homeless and hungry in our community and throughout the world by sleeping outside with only the essentials.

The event is planned for **Saturday December 5th** beginning at 2PM we will end after the 11:00 worship service on Sunday the 6th. The youth will be helping serve and lead the worship services after sleeping outside of the church for the night. We will be eating what 2/3s of the world eats (rice and beans for dinner and oatmeal for breakfast). The group will be collecting food, raising money and awareness for this cause. We will also have a panel with members sharing their first hand experience of hunger and homelessness.

This is not a typical lock-in/retreat. We see this as a ministry of justice for those who are hungry and homeless. With this we are asking that only the *essentials* be brought to the event. No Cell phones, music, or electronics.

A final word is that the youth are challenging the congregation to join them. With this, parents and friends are invited to participate in the panel discussion, sleeping out, helping with transportation, and spreading the word about this event to the whole community.

Packing list for the event:

- Permission Form (Signed)
- Bible
- Tent & Sleeping bag (and if you would like an extra blanket)
- **Warm clothes** (these clothes will be worn all afternoon/night/morning for church dress in layers)
- Pillow
- Tooth brush and tooth paste

Be God's

Chris

Chris@lifeforceyouth.com

Student's Name _____ Phone # _____

Address _____ City and Zip _____

I give permission for my above named child to join Middletown United Methodist Church of Middletown, MD on the Homeless for a Night Event at MUMC on December 5-6, 2009.

I hereby release Middletown United Methodist Church, its staff and sponsors, from responsibility and liability for any injury or illness that 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 X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent or legal guardian _____

Date _____

Emergency Contact _____ Emergency phone number _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy Number _____ Member's name _____