



SONSHINE Music Festival

Wilmar MN

July 13-16. 2011



- ◆ Lincoln Brewster
- ◆ Switchfoot
- ◆ Children 18:3
- ◆ Newsboys
- ◆ Tobymac

- ◆ Matt Maher
- ◆ Tenth Avenue North
- ◆ Skillet
- ◆ Many many more...



OPEN TO: All Youth Grades 9-12 & Families



Cross View Lutheran Church—6645 McCauley Trail W—Edina, MN 55439

www.splatyouth.net

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INFORMATION PAGE
Keep For Your Records

**Place
Refrigerator
Magnet
Here**

DATE:

Wednesday July 13—Saturday July 16

TIME:

Leave: 9:00 AM (From Cross View)

Return: Midnightish (At Cross View)

WHO:

Any Youth Grades 9- & Up (September 2011)

Youth Grades 7-8 w/parent

Adult Leaders / Drivers Needed (Chaperones only \$50.00)

PLACE:

Civic Center—Wilmar Minnesota

COST:

Paid by June 22 \$95.00 includes basic food

After June 22 \$115.00 includes basic food

REGISTRATION:

Return Next page form with money to Church Office. Online Pre-Registration must still be paid by June 22 to qualify for the discount price. (NOTE \$25.00 non-refundable deposit holds ticket price!)

PRE-REGISTRATION:

Let your friends know you are planning to attend by signing up on the website. (This does not constitute a registration or hold you a spot but simply lets your friends know your plans and helps us) We will draw from all paid Online Pre-Registrations June 23rd for a \$25 discount on registration!

Registration Form

-tear on the fold and return this portion

Return this form to the Church office with your money as soon as possible.

_____ has my permission to attend SONSHINE 7/13-7/16

In the event of an emergency and I can not be reached, I hereby authorize a leader of this activity to act as an agent for me or the Minor, to consent to: any x-ray examination, medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or county where services are rendered, either at the doctor's office or in a hospital. I expect that every effort will be made to contact me before and after assistance is rendered.

I certify that I am of lawful age and competent to sign this release, or that I have all right, power and authority to do so on behalf of this Minor, that I understand it's contents and that I have signed this release voluntarily.

I also hereby give permission for the above named to be photographed and or video taped at the event for the express use of Cross View Lutheran Church, and the LC-MS in publication and presentations. (If NO Initial here _____)

Signature _____

Date: _____

Relationship to participant: _____

I understand that adults leaders are needed for the enjoyment and safety of this day.

However I am not able to attend this event.

I am able to help chaperone this event in support of SPLAT Youth Ministry.

I understand that a current and complete "Medical Release Form" must be on file and that if I need one I may download it from www.splatyouth.net. (Forms are good for 1 year)

IN CASE OF EMERGENCY CONTACT: _____

Phone Numbers: _____

Relationship: _____

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