

HAPPENING APPLICATION

Name _____ Name called by _____

Address _____ City _____ State _____ Zip _____

Cell phone _____ Email _____

Home phone _____ Birthday _____ Male ___ Female ___

High School _____ Grade in school _____ Graduation Date _____

Talents _____

Church you attend _____

Signature of Youth Director where you attend Church _____

If my child should require emergency medical treatment, I hereby authorize you to provide the treatment necessary.

Parent's signature _____

HAPPENING!

What: *The Happening*, sponsored by United Methodists in the Mississippi Conference

For: Students in grades 10-12 and six adults. Approximately 40 "Happeners" and 26 staff people, including a Methodist minister, will be involved.

Purpose: To initiate/renew personal relationships with Christ

Cost: \$65.00 (Includes five meals, beginning with breakfast Saturday morning through Sunday lunch, and two night's lodging) Scholarships are available.

Return to: Cathey Plunkett
The Happening of MS
P.O. Box 1042
Madison, MS 39130

Make checks payable to ***Happening In Mississippi***

Registration fee of \$65.00 must accompany this application. Registration closes two weeks before each *Happening*. If session is full, fee will be applied to the next session unless a refund is requested.

Be There!