

If you have any questions, please contact the CSIS LYO Advisors
Cindy Svanda (618)201-7310 and
csvanda3@gmail.com, or
Katlyn Reimer (309)370-7931
kmbrown1188@gmail.com

Almost everything takes place in the **Activities Building** (on right hand side), beginning with Registration between 6:00-7:45pm (second floor); you only need to have a group leader come up to check in.

We will sleep in Williamson Lodge (2 full size and 2 twin size bunk beds/room); **bring your own sleeping gear** (sleeping bags, pillows, sheets) + **towels, washcloths, toiletries.**

Meals will be served Saturday through Sunday morning.
The swimming pool will be open during free time.

A monetary offering will be received Sunday morning to support the Leadership Lab Scholarship Fund (see www.leadershiplab.net)

Don't forget to bring your Bible

There is a \$20/person fee for people visiting just for the day, plus the cost of meals. Day visitors also need to register with the CSIS LYO Advisors.

Registering

Mail completed registrations (rooming, covenant, medical, t-shirts) and full payment to:

Cindy Svanda
P.O. Box 158
Ava, IL 62907

Registration is \$155/person

T-shirts are \$10/person

Please write 2 separate checks to CSIS LYO. Cancellation refund is \$100 if cancelled before November 10; no refunds after. Adults (must be 21 or older) register with your group; 1 adult per 8 youth. There are separate male and female registration forms; adults register with the youth of their gender.

Please provide **day and evening phone #s**, plus an **email address** for your contact person, as well as for all adult advisors.

Contact person: _____
phone _____
Email _____
Adult advisor: _____
phone _____
Email _____

Confirmation material is emailed.

Directions

Lake Williamson Christian Center is on State Route 4 three miles south of Carlinville

From St. Louis/South: I-55 North to Highway 16 (EXIT 52 - Litchfield; supper?) and go West on Highway 16 to Route 4, then North. Lake Williamson is on the left

From North: I-55 South to Highway 108 (EXIT 60 - Carlinville) and go West on 108 until you reach Route 4 (on the southeast end of Carlinville) and turn right/south on Route 4. Lake Williamson is on the right

Central/Southern Illinois Synod LYO Gathering



November 17-19
Friday-Sunday
with
Dakota Road
&
Pastor Tony Metz
Luther Memorial Church, Quincy



**Keep entire form in tact;
please do not cut.**

Group Covenant

As youth and adults attending this youth gathering, representing our congregation, we agree to:

Participate fully in the gathering experience by attending everything on the schedule;

Be respectful of other gathering participants, following gathering rules and curfew;

Refrain from the use of substances that are inappropriate for a youth gathering (drugs / alcohol, cigarettes, etc);

Accept the adult advisor as the person in charge of our group and to respect his/her authority;

Respect the gathering staff, the staff of Lake Williamson Christian Center, and other guests and residents of the area;

Behave in a manner expected of a Christian

Dated this ___ day of _____, 2017

*Please have **all** gathering participants **sign** below and return this with your registration by October 17.*

**Keep entire form in tact;
please do not cut.**

T-shirt order

Size	Quantity
Small	_____
Medium	_____
Large	_____
X-Large	_____
2X-Large	_____
3X-Large	_____
Total # =	_____
x \$10./each	\$_____

Make Check payable to

CSIS LYO

Please write a separate check for the t-shirts. Full payment must accompany order. If payment is not received with the order, your shirts will not be ordered.

Name of Church: _____

Town: _____

Email: _____

Phone: _____

Registrations due October 17

Medical Form

(copy as many as needed; one/person, including adults)

Adult(_) **post-High**(_) **Sr High**(_) **Jr High**(_) _____

Gender: _____

Name: _____

Mother: _____

Home/cell phone: _____

Work phone: _____

Father: _____

Home/cell phone: _____

Work phone: _____

Carrier of medical insurance:

Full name: _____

Social Security # xxx - xx - _____

Address: _____

City: _____ State: _____

Zip: _____

Emergency #s Day _____
Night _____

Insurance Co. _____

Send a copy of the insurance card.

Important medical info. that a caregiver should know such as conditions, special considerations, limitations, allergies: _____

Medications authorized to use: _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by my child's home group leader and/or the youth gathering official to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child name above:

Parent/guardian: _____

Date: _____, 2017