

## What is Impact?

Impact is a yearly camping trip to Pismo Beach, CA. This trip provides the opportunity for refocusing, revival, refreshment, relaxing, relationship building, and much more. It is a unique opportunity for spending concentrated time alone in communion with God, hearing God's word taught, as well as fellowshiping and building friendships with others. Don't miss it.

## How Much Does Impact Cost?

- *A Mere \$100.00 (one hundred)*
- *There will be additional costs of buying some of your own food (around \$40)*

## What to Bring to Impact?

- Sleeping Bag and Pillow
- Bible, Pen, Paper
- Clothes for Six Days (warm weather clothes and cool weather clothes)
- Swimming Suit (girls– one piece please– questions talk to Nicole)
- Towel
- Toiletries
- Camping Chair
- Beach Toys
- Spending Money (minimum of \$30)

You will be put into a group for meals and then notified of those in the group.

You will then need to make arrangements to meet with your team to gather supplies and equipment for cooking.

If you have a large tent please let us know.

More packing and group details will be coming.

Phone: 530-888-8454

Cell: 530-320-2722

Email: tpickard@asgrace.org

Sovereign Grace Fellowship of Auburn: Registration and Medical Consent Form

Check # \_\_\_\_\_ Amount \_\_\_\_\_

1/F Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
ip: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Consent and Release from Liability

I hereby give my permission to the physician, nurse, or dentist selected by Sovereign Grace Fellowship of Auburn to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. As a participant, I understand Sovereign Grace Fellowship of Auburn is not obligated to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

If you have checked any of the above, please give details:  
Activity Restrictions: \_\_\_\_\_

Health History

___ Drug Allergies	___ Chronic Asthma	___ Seizures
___ Asthma	___ Nervous Disorder	___ Cardiac
___ Hay Fever	___ Epilepsy	___ Diabetes
___ Insect Sting	___ Physical Disability	___ Mental Dis.
Other: _____		

If you have checked any of the above, please give details:  
Activity Restrictions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Impact 2006

July 30th– August 4th

## **God's Desire and Design for Youth**

What is God's desire and design for this incredible stage of life that you find yourself in? How has God desired and designed you to function in your family, in your church, and in the world? Is it simple or complex? Is it really spelled out or do we have to guess at the answers? You need to know the answers to these questions. Come and be reminded and refreshed in truths you know and be encouraged by learning new aspects of God's truth.

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**Sovereign Grace  
Fellowship of Auburn**