

JR. HIGH CONVENTION 2017

Date:

November 17-19, 2017

Location:

Crab Orchard Missionary

1501 Robert C. Byrd Drive
Crab Orchard, WV 25827

Band: It Takes a Villers

This event is for students in 6-9th grades.

COST: \$35.00...

if postmarked by Monday,
November 6th.

\$45 if AFTER

Nov. 6th or at the door.

(Money must accompany registration in order to receive early-bird cost. Phone calls will not be accepted as early registration.)



Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles. And let us run with perseverance the race marked out for us, fixing our eyes on Jesus, the pioneer and perfecter of faith. For the joy set before him he endured the cross, scorning its shame, and sat down at the right hand of the throne of God. Consider him who endured such opposition from sinners, so that you will not grow weary and lose heart.

Hebrews 12:1-3

Schedule:

Friday:

7:00 PM Registration
8:00 PM Opening Session
9:30 PM Dismiss to housing

Saturday:

9 AM Morning Session
10:15 AM Training time
12:15 PM Lunch
1:15 PM Training time
3:05 PM Afternoon Session
4:00 PM Free Time
6:30 PM Team Competitions
7:30 PM Evening Session
9:30 PM Dismiss to Housing

Sunday:

9:00 AM Closing Worship

Watch for more details to come!

Speaker: Elliott Gregory

Elliott Gregory was born and raised in West Virginia and now lives in Bristol, TN where he serves as the Associate Pastor of Youth and Teaching at Discovery Church. Elliott has worked in youth ministry for over a decade. His passion for messy games, embarrassing teenagers in public, and sharing the story of Jesus frankly leaves him with few other career options. In addition to serving at Discovery, Elliott is an adjunct youth ministry instructor at King University and an unlicensed pyrotechnician.



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NOVEMBER 17-19, 2017 AT CRAB ORCHARD MISSIONARY
1501 RDBERT C. BYRD DR., CRAB ORCHARD, WV 25827

Please complete this sheet and mail with check (s) payable to the WV Baptist Convention, Attn: Jennifer, PO Box 1019, Parkersburg, WV 26102 by **Monday, November 6, 2017**. In order to get the early bird price (\$35), the money must be in or postmarked by this date.

Registration Policies

- Each church must have at least one advisor. Each youth and advisor must register and pay the registration fee.
- All registrations for housing must be in by **Nov. 6, 2017** or housing cannot be guaranteed.
- *HOUSING REQUESTS:** Please note the section on the bottom of this form. If your church has special requirements for housing such as an adult from your church must be housed with each group of your youth or if you would like to request housing all together in a church facility, please list these requests below. Thank you.

Church _____

Total # Attending: Youth _____

Adults _____

Housing Options (Please check one)

Total Housing for youth (#) _____

Total Housing for adults (#) _____

_____ Friday Night ONLY

_____ Saturday Night ONLY

_____ BOTH Nights

_____ Housing NOT required

★ Please see #3 under Registration Policies if your group requires housing.

List names and check appropriate boxes.

1. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
2. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
3. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
4. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
5. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
6. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
7. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
8. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
9. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate
10. ___ M ___ F _____	_____	_____	_____
	Name	School Attending	Grade Preferred Roommate

Adults

11. ___ M ___ F _____	_____	_____	_____
	Name	Allergies	Preferred Roommate
12. ___ M ___ F _____	_____	_____	_____
	Name	Allergies	Preferred Roommate
13. ___ M ___ F _____	_____	_____	_____
	Name	Allergies	Preferred Roommate

(Please PRINT your complete address with zip code in order to receive your confirmation letter.)

Contact Name _____ Address _____

City/State/Zip _____ Phone _____ E-mail _____

***HOUSING REQUESTS or ALLERGIES** _____

For additional space, you may copy this form or include an additional piece of paper with all required information. Please make a copy of your completed form for your records as well.

OFFICE USE ONLY: Check Number (s): _____ Date Received: ___/___/17 Amount: \$ _____ Balance Due: \$ _____