



Core Basix DNow Weekend 2012 – Mississippi County Student Ministry  
 March 9-10, 2012 – FBC Blytheville, AR – Cost \$25

3 For I delivered to you as of first importance what I also received: that Christ died for our sins in accordance with the Scriptures, 4 that he was buried, that he was raised on the third day in accordance with the Scriptures, 5 and that he appeared to Cephas, then to the twelve. 6 Then he appeared to more than five hundred brothers at one time, most of whom are still alive, though some have fallen asleep.

1 Corinthians 15:3-6

#### WEEKEND SCHEDULE

##### Friday, March 9, 2012

5:30pm Arrive at FBC Blytheville  
 6pm Dinner "Pizza"  
 6:45pm Prepare for Worship  
 7:00pm Opening Worship Service  
 8:30pm Chill Time/Unity Games  
 9:30pm Breakout Session 1  
 10:30pm Movie/Get Ready For Bed  
 12:00pm Lights Out

##### Saturday, March 10, 2012

7:30am Breakfast  
 8:30am Breakout Session 2  
 9:30am Morning Worship  
 11:00pm Lunch  
 11:45pm Breakout Session 3  
 12:30pm Your Choice  
 \* Mission Work  
 \* Tournament  
 \* Free Time  
 4:30pm Dinner  
 5:30pm Evening Worship  
 7:00pm Dismiss

**OW STUDENT PARENT PERMISSION FORM**

318 South Baltimore, Manila, AR 72442

**EVENT**

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**FORM WITH MONEY IS DUE ON SUNDAY, FEBRUARY 19, 2012**

**Student Registration**      Boy: \_\_\_\_      Girl: \_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

**Parent/Guardian Release Form Agreement**

I give my permission for \_\_\_\_\_ to take part in OW Student Ministries – Core Basix 2012 at FBC Blytheville, AR sponsored by Mississippi County Baptist Assosication. I understand that this activity will be off campus. I hereby release FBC MANILA, its staff & sponsors from responsibility & liability for any injury or illness that my child may sustain during this time. I hereby give FBC MANILA permission to act as agent for me to consent to any x-ray, medical, dental or surgical diagnosis; treatment; and hospital care advised & supervised by a physician, surgeon or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor’s office or in any hospital. I also request that the youth staff carry out any discipline, if necessary. I consent that I will pay the cost of sending my young person home, if necessary.

\_\_\_\_\_  
Signature of Natural Parent or Legal Guardian

\_\_\_\_\_  
Date