



June 23, 2010

Subject: Angels' Cove Mission Project/Six Flags

Dear Parent/Guardian,

We are so pleased that your student has expressed interest in attending the mission project trip to **Angels' Cove** in Mt. Vernon, Illinois. Mt. Vernon is approximately an hour drive from Vienna. Angels' Cove is a Maternity, Foster, and Adoption Care center under the Baptist Children's Home ministry.

We are planning on **leaving** from Fellowship **Wednesday, July 28th, at 8:30am**. We should arrive at Angels' Cove around 10:00am. Once at Angels' Cove we will go to work on the mission projects that have been assigned to us. Some of these projects will include painting, spreading gravel, moving furniture and equipment, cleaning, and various other tasks. This needed help will be a great aid to the ministry of Angels' Cove. We will do much of the same type of projects on the second day.

As an additional ministry we will also be collecting various items for donation to Angels' Cove.

Both evenings that we are away we will be staying at Rend Lake Cabins in the Woods. The cabins are located near Rend Lake Recreational Area.

On Friday, July 30th, we will be going to Six Flags in St. Louis. We should arrive at the park around 10:00am. We will spend the rest of the day at the park and then attend Joy Fest with Jeremy Camp in concert that evening at Six Flags. Following the concert we will make the journey back to Vienna.

We will be returning to Fellowship and **should be back no later than 1:00am** on Saturday, July 31st.

Fellowship will provide the transportation to and from the trip, lodging cost, drinks, and snacks. The **costs** that your student will be responsible for is **total \$55.00** which includes ticket cost for Six Flags and Concert, all meals excluding travel time meals, and any souvenirs or other non-essential items that they may wish to purchase.

Items that your student will need to bring will include:

- Appropriate clothing for three days of being outside working and camping
- Bible
- Shower supplies (towels, soap, shampoo, conditioner, shower shoes, etc.)
- Personal care items (toothbrush, toothpaste, deodorant, toiletries, etc.)
- Bible
- Bedding for camping (pillow, blanket, air mattress, etc.)
- Modest swim suits

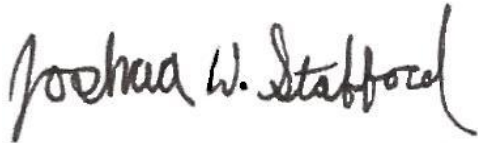
- Sun protection (hat, sunscreen, bug spray, etc.)
- Any necessary medications
- Flashlight
- Lawn Chair

The enclosed **permission slip** will need to be completed and returned prior to the event.

For more information about Angels' Cove please visit their web-site at http://www.bchfs.com/angels_cove.html .

If you have any questions, need further information, or need to contact us while we are away **please feel free to contact me** on my mobile phone at (618) 922-2671, or by any of the other below listed forms of contact.

For Christ's Glory,



Joshua Stafford,
Student Ministry Coordinator
890 Senior Drive
Vienna, Illinois 62995
(618) 658-4461 x 222-office
(618) 658-8165-fax
(618) 922-2671-mobile
joshuastafford@hotmail.com
<http://www.fellowshipbaptistvienna.com>

Enclosure (1)



Mission Project/Six Flags Permission Slip/Medical Release

Student Information

Student Last Name: _____	Student First Name: _____	MI: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Mobile Phone: _____ E-mail Address: _____ Birthday: _____

I, _____, will participate in this event with a Christ-like spirit and attitude. I will submit to the authority of the student ministry workers that have been made available to me in order to ensure my safety and well-being.

Student's Signature: _____ Date: _____

Medical and Parental/Guardian Information

List allergies, medications being taken, medical problems, special diet, or other pertinent information: _____

In the event of an emergency please contact me at Phone: _____ or Phone: _____

If I **cannot** be reached please call, Name: _____ Relation: _____ Phone: _____

_____ has my permission to participate in all activities, including required transportation, for the aforementioned event. In the event of an emergency, and I or the additional emergency contact cannot be reached by phone, the student ministry workers have my permission to provide the medical care necessary for my child's well being. I also give permission to the student ministry workers to administer necessary prescription and non-prescription medication. We further do hereby release and discharge Fellowship Baptist Church of Vienna, it's boards, agents, and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

Parent/Guardian Signature: _____ Date: _____ Phone: _____

Return to:

This permission slip will need to be completed and returned prior to the event.
Please return to **Joshua W. Stafford** or any **student ministry worker**.