

Count me in!

Name: _____

Birth date: _____

Address: _____

Phone: _____

Emergency Information

Main contact person:

Relationship to participant:

Phone(s): _____

Alternate: _____

Phone(s): _____

Medical concerns or allergies:

*Please detach this portion
of brochure and return to
Front Counter with
payment (cash or check) by
August 2nd*

*Calvary Chapel of Delta
5911 Delta Rd. Delta, PA 17314
717-456-7600*

*True
Beauty*



*Beauty is in the
eye of the Beloved.*

*7 - 8
August
2009*

True Beauty

Date: August 7-8th, 2009

Times: 7 PM Friday to
5 PM Saturday

For: High School through
College-Age Ladies

Cost: \$20.00

What to bring:

Bible

Toiletries

Flashlight

Old clothes

Sleeping bag and pillow

Things to look forward to:

*Growing closer to the Lord
and to each other

*Small Group Discussions

*Four relevant teachings

*Intimate Worship

*Slip-n-Slide

*Splatter T-shirts

*And much more!

*In the midst of society,
culture, and trends, it's easy
to lose sight of who God
intended you to be. Beauty in
the eyes of the world is
merely outward but God
looks at the heart.*

(1 Samuel 16:7)

*Our desire is that this
conference will teach you the
meaning of True Beauty, that
you will be transformed in
the hidden place of your
heart, and that you will have
beauty that never fades
away, beauty that is precious
in the eyes of our Beloved.*

(1 Peter 3:4)

*Our Beloved Savior, Jesus
Christ, is pursuing us and
greatly desires our beauty.*

(Psalm 45:10-17)

Parent/Guardian Permission

I, _____,
give my permission for my
child(ren) _____
to participate in the True
Beauty conference. I release
Calvary Chapel of Delta, its
leaders, and volunteers from
any liability claim of property
loss or damage, and from any
claim of personal injury to my
child(ren) while taking part in
the above activity.

Unless otherwise noted, you
have my permission to give my
child the following over the
counter medications if needed
per the instructions on the
medication: Tums, Tylenol,
Ibuprofen, cough drops, or
Benadryl. _____

Parent Signature:

Date: _____