



CROSSROADS HOLIDAY VALLEY SKI TRIP

Jan. 31-Feb. 2, 2020

1. **What?** - A weekend ski trip with Crossroads! 2 nights and one full day of skiing in Ellicottville New York.
2. **Where?** - We will be staying at the resort lodge at Holiday Valley in Ellicottville, NY. We'll enjoy their outdoor hot tub, indoor/outdoor pool, and meals at the resort.
3. **When?** - Leaving right after school on Friday Jan. 31(4 pm), skiing all day Saturday, and returning Sunday Feb. 2 around noon.
4. **Why?** - To enjoy God's creation, enjoy time with fellow Christians, and a great opportunity to invite friends who don't know Jesus to come ski and hang with people who do.

Details: Total cost is \$225. This covers lodging, food, transportation, and full day lift ticket.

\$50 deposit is due at Crossroads Nov. 24. Final payment of \$175 is due Dec. 15. Extensions available if needed - make arrangements with Rhea or Spencer.

Space on the trip is limited to 24 people so sign up quick! Sign ups are done online at [**crossroadsyouthministry.org**](http://crossroadsyouthministry.org).

Rentals are available at the resort for a discounted rate. Specifics coming soon (expect \$30).

See attached pages for permission slip and packing list. Permission slip is due Dec. 15 with your final payment.

This trip is not for first time skiers. You don't need to be an expert but this is not for those who have never skied or snowboarded before.

Questions? - Contact Spencer at anytime - [**spencer@stpaulsepc.org**](mailto:spencer@stpaulsepc.org) or 814-350-0024

Packing List

1. 2 changes of clothes
2. Swimsuit (one piece or swim shirt for girls)
3. Cold weather gear (prep for very cold weather)
4. Your own ski/snowboard gear (rentals are available if needed)
5. Helmet and goggles.
6. Snacks for the hotel and the van ride.
7. A few dollars for spending in the resort and for dinner on Saturday night.
8. Bible for morning devotional.
9. Medications with instructions for Spencer.

DO NOT BRING:

1. Drugs/alcohol/weapons (you know that) - your parents will be called to come pick you up if we find any of those items. Don't bring your vape. Seriously.
2. More stuff than you need - we'll be tight on space so try and pack wisely.
3. Expensive electronics - we aren't responsible for lost or broken items.
4. Snacks that you're not willing to share.
5. Inappropriate music, movies, or videos.

CROSSROADS HOLIDAY VALLEY PAYMENT SLIP

Please return this slip with your child's retreat payment. This helps us keep accurate records as we prepare for the trip.

Child's Name: _____ Grade: _____

Parent Phone: _____

Total Amount Due for Holiday Valley = \$225

Deposit amount (\$50) due Nov. 24 - Remaining balance (\$175) due Dec. 15.

Please select:

- ☐ I have enclosed the **deposit** and will submit the remaining balance by Dec. 15.
- ☐ I have enclosed the **full balance** for the trip.

Payment Enclosed: \$ _____

Date Submitted: \$ _____

Crossroads Permission Slip

Name _____ Phone _____

Address _____

City/ State/Zip _____

I give permission for my child to join Crossroads Youth Ministry for the Holiday Valley Ski Trip I understand that my child will travel by van, stay in a hotel, participate in hazardous winter sports, have access to a swimming pool, and will not be supervised at all times during the trip. I understand the inherent risks associated with winter sports and with this trip.

I hereby release Crossroads Youth Ministry and St. Paul's Presbyterian Church, its staff and sponsors, for responsibility and liability for any injury or illness that my child may sustain during this activity. **Initial:** _____

In the event of an emergency, I hereby authorize the adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and 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 expect to be contacted as soon as possible.

Parent Signature _____ Date _____

Allergies _____

Pertinent medical concerns _____

Emergency Contact:

If I am unable to be reached, I give permission for the following to be contacted. They have my authority to give permission for medical care and treatment.

Contact #1

Name: _____ Phone: _____

Relationship: _____

Contact #2

Name: _____ Phone: _____

Relationship: _____