

What is Stewardship?

Using the gifts God has given us to do the work
God has given **us** to do

What is a YMC Conference?

A weekend made for **you** and **your friends**.

Why should you attend?

Because it's not just about money. It's about **you**.

Come find out what your gifts are.

You Pay \$20.00 and bring a friend for \$10.00.
Or both of you pay \$15.00

For more information, contact:

Judy Cato — judyc@diocese-oregon.org
1-800-452-2562 or 503-636-5613

Sign up to receive YMC updates at newsletter@oregonymc.org

Our diocese welcomes National Stewardship
Officer of the Episcopal Church Terry Parsons
to the 2005 YMC Fall Conference.

We'll even have a band.

Diocese of Oregon - Fall Sr. High & 8th Grade Conference
St. John's, Milwaukie

05E

October 1-2, 2005

ALL information must be completed and the Medical Authorization portion signed by a parent or guardian if the registrant is under 18 years of age. COST: \$20.00 & A FRIEND \$10.00

Name:		Date of birth:
Street Address:		Present grade in school:
City, state, zip:		Home church:
Home phone:	Father's name:	Father's work phone:
Male () Female ()	Mother's name:	Mother's work phone:
Doctor's name:		Doctor's phone:
Medical insurance company:		Plan #:
Serious food, drug, or respiratory allergies or any physical needs:		
<input type="checkbox"/> I am a Vegetarian <input type="checkbox"/> No dairy Other:		Your E-mail address:

PLEASE CHECK THE APPROPRIATE PLACES ON THE BACK OF THIS FORM.

MEDICAL AUTHORIZATION FORM

I/we, the parent(s) or legal guardian(s) of _____
hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical
diagnosis rendered under the general or specific supervision of any licensed medical personnel
on the staff of any licensed hospital. This authorization is given in advance of any specific
diagnosis, treatment, or care required, but is given to provide authority and power to render
care which is deemed advisable in the best judgement of the physician. It is understood that
an effort will be made to contact me/us prior to rendering treatment, but that any of the
above treatments will not be withheld if I/we cannot be reached.

Signature of parent(s) or guardian(s)

Date:

Mail to:

Diocese of Oregon - YMC
11800 SW Military Ln
Portland, OR 97219-8436

FOR OFFICE
USE ONLY

Date: _____

Rec'd: _____

Set: _____

Due: _____

Check #: _____

No later than: Monday September 26, 2005

Make checks payable to: DIOCESE OF OREGON