About CCY

What is CCY?

CCY is a traveling ministry of the Community of Christ Youth and their friends.

When does CCY take place?

CCY is scheduled for October 2009 and January, March and May 2010.

Who hosts CCY each month?

Congregations in North Carolina, South Carolina and Atlanta North, GA host CCY.

What happens at a CCY weekend?

Friday night: Gather for mixers.

Saturday: Provide a service project to benefit the host congregation and/or community.

Sunday: CCY is in charge of and provides the worship service. Usually a potluck is scheduled after church for fellowship between CCY and the host congregation.

Who is invited to CCY?

Senior High 9th – 12th graders/College-age Young Adults. Youth leaders of the host congregation are encouraged to attend but it's not required.

CCY Themes

2002-2003	The Prodigal Son
2003-2004	Each One, Reach One
2004-2005	Pursue Peace
2005-2006	The Sacred Story Empowers
2006-2007	Have Love
2007-2008	What If ? We are All One…
2008-2009	Someday is Now!

Is there a cost to attend CCY?

A cost of $10.00 per weekend is suggested but not required if it is a hardship. Checks may be made out to Community of Christ.

Can a congregation host CCY if there is no participating youth?

YES! The mission of CCY is to provide ministry to all congregations.

Who should we contact about CCY?

For more information and to schedule your congregation for CCY, contact:

Brenda Lenfestey
Phone: 864-423-8059
E-mail: blenfestey@cofchrist.org

Matt Flanery
Phone: 336-408-4648
E-mail: **matthew@flanery.name**

FraShawn Heggie
Phone: 919-753-8686
E-mail: **frafra212000@yahoo.com**

Alycia Binkley
Phone: 336-254-1899
E-mail: **luvdolfins05@yahoo.com**

Chris Binkley
Phone: 336-299-1376
E-mail: **cbinkley1@triad.rr.com**

Community of Christ Youth

2009-2010 Calendar

Building Bridges

October 23 - 25	Franklin
January 15 - 17	Atlanta N
March 19 - 21	Charlotte
May 7 - 9	Charleston

It is God himself who has made us what we are and given us new lives from Christ Jesus; and long ages ago he planned that we should spend these lives in helping others. Ephesians 2:10

BLANKET PARENTAL AUTHORIZATION

Parent / Guardian Names

Home Telephone

Work / Cell / Pager Number (please circle)

Doctor's Name / Clinic

Health Insurance Plan

Plan I.D. #

Plan Group #

Allergies / Diseases / Disorders / Disabilities:
_____
_____
_____

Please list any medications your son/daughter will be taking or any special circumstances the staff should be aware of:
_____
_____
_____

In case of emergency and I cannot be reached, contact:
_____
Name & Relationship
_____
Telephone

My son/daughter has my permission to attend the CCY retreats. In the event of a medical emergency and I cannot be reached, I hereby authorize that emergency medical treatment be administered.

Parent / Guardian Signature

Date

BLANKET REGISTRATION

Yes! Register me for the CCY Retreats that I am able to attend for 2009-2010.

Name

Address

City, State, Zip

Telephone

Email Address

Grade

Date of Birth

Gender