About GYM

What is GYM?

GYM is a traveling ministry of the Community of Christ youth and their friends .

When does GYM take place?

GYM is scheduled for August and November 2009 and February and April 2010.

Who hosts GYM each month?

Congregations within the state of Georgia.

What happens at a GYM weekend?

Friday night: Gather for mixers.

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

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

Who is invited to GYM?

Senior High 9th-12th grade/Young adults. Youth leaders of the host congregation are encouraged to attend but it's not required.

Is there a cost to attend GYM?

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

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

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

Who should we contact about GYM?

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

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

Candy Deller
Phone: 678-899-5739
E-mail: cdchoral@yahoo.com

Barry Lewis
Phone: 770-560-4918
E-mail: barry@lewisworld.net

Marcia Vlasnik
Phone: 770-715-5819
E-mail: vlasnik@bellsouth.net

Donna Stephens
Phone: 478-956-1856
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Georgia Youth Ministry

2009-2010 Calendar

August 28-30	Atlanta North
November 6-8	Warner Robins
February 12-14	Dacula
April 23-25	Atlanta North

"'Community of Christ,' your name, given as a divine blessing, is your identity and calling. If you will discern and embrace its full meaning, you will not only discover your future, you will become a blessing to the whole creation. Do not be afraid to go where it beckons you to go."

Doctrine and Covenants 163:1

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 GYM 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 GYM Retreats that I am able to attend for 2009-2010.

Name

Address

City, State, Zip

Telephone

Email Address

Grade

Date of Birth

Gender