



*"Impact seeks to connect teens with God's Great Commission by exposing them to Missions both locally and globally."*

We would like to invite you to join with young people from all over the Southern District for **Impact**, our district winter youth retreat. The focus of Impact is introducing young people to the missionary heart of God. God has a heart to reach all people with the message and love of Jesus and we believe you are to be apart of that plan. Here are all of the important details; we hope to see you **IMPACT!**

- Impact is held at **Poplar Point Camp in Rockford, AL** ([www.poplarpointcamp.com](http://www.poplarpointcamp.com))
- Impact is **January 30 – February 1**. Registration starts at **6pm**. **Eat dinner before you come**. Check out will be at **11am on Sunday**.
- The retreat is open to all students in **grades 6-12**. Churches need to send one same gender leader for every 7 students.
- Registration is **\$55 for students, \$45 for leaders**. Please register before January 16<sup>th</sup>, after that it will be \$10 more per person.
- Our **speaker** for the weekend is **Pastor Erik Pasco**. Erik is the youth pastor at Brewster Road Alliance Church in Birmingham, AL.
- Our **worship leader** is **Jonathan Maxwell**, a gifted musician with a heart to see people connect with the heart of God.
- **Cell phones/electronic devices are not allowed**, students will be asked to turn in their phones to their counselor at the beginning of the week. All emergency calls can be directed to the camp: (256) 377-2606

Download more registration forms & more:  
[www.sdyouth.blogspot.com](http://www.sdyouth.blogspot.com)  
Questions? Email Pastor Erik: [youthpastor@braccma.org](mailto:youthpastor@braccma.org)

**Impact 2009 Registration Form**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:     Male     Female

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does student have any health problems? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

"I give full authority in dealing with discipline problems to qualified adult leaders. I understand that any student disregarding the rules may be sent home. I hereby authorize qualified camp personnel/adult leaders to give my child medical care; and if needed to determine the need for a physician's services."

**Parent/Guardian Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_

Please mail all registration forms along with your money to:

**Southern District CMA attn. Shannon Davis  
5998 Deerfoot Parkway  
Trussville, AL 35173**