

**2017 Great Big Church Family Festival
Durham, NC**

**June 11 - 14, 2017
5:30-7:30 pm**

*Host Churches: First Presbyterian Church, Iglesia Emanuel, Mt. Bethel Presbyterian Church,
Trinity Avenue Presbyterian Church & Duke Memorial United Methodist*

Surprising Friendships: that is the theme for this year's **Great Big Church Family Festival**. Based on stories of some surprising friendships in the Old and New Testaments, we will visit each others' churches, to provide hospitality and experience hospitality, and thus form friendships with other families and individuals, across generational and cultural lines. In these times of barriers and impediments that threaten some of our most vulnerable people, the church needs to reach out and affirm every person of their right to be welcomed and included. For who knows, the possibility always exists that by showing hospitality, we might be entertaining "angels unaware" (Hebrews 13:2). So sign up as families, and sign up as individuals, and sign up with friends. All are welcome at this year's Great Big Church Family Festival, so come and be surprised!

WHO: All children, youth and adults. *Children and youth should be accompanied by an adult.*

WHAT:

DINNER!	FRIENDSHIPS!	T-SHIRTS!	CRAFTS!
BIBLE STORIES!	MUSIC!	FUN ACTIVITIES!	FAMILY TIME!

WHERE: In order to better get to know our neighbors and neighborhoods we will be travelling!

SUNDAY JUNE 11: First Presbyterian Church, 305 E. Main Street, Durham

MONDAY, JUNE 12: Trinity Ave. Presbyterian Church, 927 West Trinity Avenue, Durham

TUESDAY, JUNE 13: Mt. Bethel Presbyterian Church, 3541 Rose of Sharon Road, Durham

WEDNESDAY, JUNE 14: First Presbyterian Church, 305 E. Main Street, Durham

COST: \$30 per family for all 4 nights or \$10 a night per family if attending less than 4 nights, which includes a t-shirt and dinner each night.

\$15 per single person for all 4 nights or \$5 a night if less than 4, which includes a t-shirt and dinner each night.

Please note, Children must come with an adult and children who are attending with a family other than their own should register as a "single" and reference the family with which they are attending.

APPLICATIONS ACCEPTED: *All host churches will be given priority until **March 31st***

*Non-participating church applications will be honored beginning **April 1st***

Registration Deadlines: April 28th to register for both Dinner and T-shirts

May 26th to register for dinner only (no t-shirt available)

Registrations may not be accepted after May 26th

Registrations accepted on a first-come, first-served basis, so register early!

In the event more applications are received than space available, a waiting list will be established.

Questions regarding registration: Contact Sarah Finbow (919)682-5511 or your church's GBCFF representative.

GBCFF Registration Form, 2017
(Please complete one for each family)

Family Name (as it should appear on nametag) _____

If child is attending with a family other than their own please note that family here: _____

Adults' Name(s) _____

Children:

Name _____ Age (as of June 2017) _____ Grade completed _____

Name _____ Age (as of June 2017) _____ Grade completed _____

Name _____ Age (as of June 2017) _____ Grade completed _____

Name _____ Age (as of June 2017) _____ Grade completed _____

Church Affiliation: _____

Family Mailing Address _____

City _____ State _____ Zip _____

Phone number(s): (home) _____ (cell) _____

E-mail: _____

I/We are attending on: Sun. _____ Mon. _____ Tue. _____ Wed. _____

T-shirt size (please indicate number of each size for each member of your family)

Child: S _____ M _____ L _____ **Adult:** S _____ M _____ L _____ XL _____ XXL _____

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Adults & Youth (6th-12th grades):

GBCFF runs on volunteer power, and is meant to be a family affair. Each church will be hosting a night and you will be asked to volunteer with the church you attend only on the night your church is hosting. Please indicate how you will help (please indicate which family member wishes to help with each activity):

Not all activities will be occurring at each host church location

Scripture/Story telling _____

Music _____

Meal serving _____

General setup _____

Meal setup/clean up _____

General clean-up _____

Marketplace /crafts _____

Serving on the Planning committee _____

Field games/playground _____

Wherever you need me most! _____

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Registration Fee: Enclose \$30.00 per family or \$15 per single. Make checks payable to First Presbyterian Church with GBCFF in the memo line..

Please send form(s) and fee to: GBCFF, Attn: Sarah Finbow, First Presbyterian Church, 305 E. Main Street, Durham, NC 27701, **or email to S.finbow@firstpres-durham.org**.

**Great Big Church Family Festival
2017 Permission Slip
(please complete for each registrant)**

Name _____

I give my permission for the above-named person to participate in the activities of the 2017 Great Big Church Family Festival in Durham, NC.

I hereby release and hold harmless First Presbyterian Church, Iglesia Emanuel, Mt. Bethel Presbyterian Church, Trinity Avenue Presbyterian Church and Duke Memorial United Methodist Church, all of Durham, North Carolina, the staff of teachers and leaders, their officers, employees, governing bodies and their members and the leaders of this activity, **from all responsibility and liability for any claims for injury, illness, death, or other harm that the child named above may sustain** during this church program. In the event of an emergency, I hereby authorize any adult leader of this program, as agent for me, to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with my child during this activity.

Signature of Parent or Guardian/Self (if over 18)

Date

Emergency Telephone Number(s) _____ or _____

Medical Information:

Allergies: _____

Medication(s): _____

Will your child be required to take meds at camp? _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name: _____