



SNOKAMP



Laurelville ~ February 8-10, 2019

SnoKamp is a weekend planned by the Allegheny Mennonite Conference Youth Cabinet for youth ages 14-19 years old. Come for a weekend of great music, sessions, workshops, activities, sledding and time for hanging out with old friends and meeting new ones.



OUR SPEAKER, Seth Thomas Crissman is an educator, musician, pastor in the Mennonite Church and follower of Jesus who has lived in Harrisonburg, VA for 12 years (though he still says "Western Pennsylvania" when people ask where he's from). Seth enjoys helping churches partner together to better share God's Love in their local neighborhoods. Seth loves to learn and teach about Jesus and God's overwhelming love. He is a songwriter/musician for the Harrisonburg, Virginia-based Walking Roots Band, and he gets very (very, very!) excited any time he gets a chance to lead others in music and share God's Love. Seth is married to Theresa Peachey Crissman whom he leads with and learns from everyday and they are parents to three children. The Crissman family are long term missionaries in the Shenandoah Valley.

What to Bring!

- Bible
- Table Games
- Snacks to Share
- Warm Clothes/Sleds
- Lodging is in the Guesthouse
linens are provided



LAURELVILLE
941 Laurelville Lane
Mt. Pleasant, PA
15666



Schedule

Friday, February 8

- 8:30 p.m. Registration (Guesthouse)
- 9:30 Music & Worship
Session I
- 11:00 Group Activity
Snack
- 1:00 a.m. Lights Out!!

Saturday, February 9

- 8:15 a.m. Morning Devotions
- 8:30 Breakfast
- 9:30 Music & Worship
Session II
- 11:15 Workshops
- 12:30 p.m. Lunch
- 1:30 Workshops
- 2:30 Freetime/sledding/hiking
- 6:00 Supper
- 7:30 Music & Worship
Session III
- 9:30 SNAC
Saturday Night At Camp
Snack
- 1:00 a.m. Lights Out!!

Sunday, February 10

- 8:45 a.m. Morning Devotions
- 9:00 Breakfast
- 10:15 Music & Worship
Session IV
Good-byes!!

Registration

The cost for the weekend is **\$135** per person. Please return this form by **January 25**, with a \$25 deposit per person. Make checks payable to Allegheny Mennonite Conference, mail to PO Box 742, Davidsville, PA 15928.

Name _____

M__ F__ Age _____ Phone # _____

Address _____

Congregation _____

T-shirt size _____

Medical Release

In case of a medical emergency, I hereby give permission to the physician selected by the Youth Minister or sponsor to secure proper medical treatment for:

Name _____

(In case of an emergency call—name and phone #)

(Parent/Guardian Signature)