



January 2012

Dear parish clergy and youth leaders,

The Episcopal Diocese of New York will sponsor Happening #9 March 23-25, 2012 at Graymoor Spiritual Life Center, Garrison, N.Y. Happening is a spiritual retreat designed especially for current 9-12th grade students, providing an opportunity for them to explore their spiritual life while meeting other teens from the Diocese of New York. It is a weekend filled with fellowship, prayer, discussion, music and worship led by youth leaders who are supported by adult staff. Youth in grades 9-12 who have never attended Happening before are eligible to participate and I encourage you to seek out such young people and encourage them to register and attend the weekend. We ask that you help us by talking with and preparing those who do register for participation in this kind of formative spiritual experience.

If your parish plans to send three or more youth, you will be required to send an adult chaperone (at least 21 years of age) who registers and stays for the entire weekend, so that we can maintain the required adult to youth ratio. If possible, it will be helpful if this person is of the same gender as the majority of youth participants you send. Adults who attend as chaperones will participate in the program with the potential to become staff members on subsequent Happening weekends. The per person cost for the weekend for youth and adults is \$75 and financial assistance is available. **The registration deadline is Monday, March 5, 2012** and as space is limited, registration will close early if we reach capacity before the deadline.

Included in this packet are separate registration forms for youth and for adult participant/chaperones, a youth permission /medical release/community life standards form, a financial aid request form and flyer and a description of Happening. Please make copies as needed. Your support is crucial to the success of this diocesan event. You may help us by publicizing the weekend in your bulletin/newsletter and by displaying the flyer in a prominent place.

Do pray for the youth and adults from your parish who attend Happening #9 and follow up with them after the retreat. I believe you will find them inspired and energized, ready to serve your parish in new ways.

Please feel free to contact me with any questions you may have about Happening at 212-316-7433 or pmitchell@diocesenyc.org

In Christ,

A handwritten signature in cursive script that reads "Patricia S. Mitchell".

The Rev. Canon Patricia S. Mitchell
Canon for Christian Formation

**The Episcopal Diocese of New York
Happening # 9**



March 23-25, 2012 (5:00 pm Friday-5:00pm Sunday)

Graymoor Spiritual Life Center, Garrison N.Y.

What is Happening?

**A spiritual retreat for high school Christians (9-12th grades)
An opportunity to get to know other youth from the Diocese
A time to share your thoughts with other teens
A weekend filled with fun, worship, singing, games and more**

Cost \$75

Financial assistance is available

**For more information contact The Rev. Canon Patricia
Mitchell at pmitchell@diocesenyc.org 212-316-7433**

Space is limited. Register today!

What is *Happening*?

Happening is a Christian weekend retreat experience for youth led by youth with the help of clergy and lay adult leadership. Happening weekends have been held in the Diocese of New York since 2006.

The weekend begins Friday evening and continues through Sunday afternoon with a full schedule of activities designed to promote Christian community building, spiritual growth and fun.

During the weekend, youth who have participated in previous Happening weekends serve as leaders, sharing their life experiences and faith stories with other youth what are attending Happening for the first time. These talks are designed to open discussion and encourage questions about faith and life. Clergy members share church teaching and traditions in an accessible and youth friendly format.

Each weekend is woven through with worship, fellowship, team building, sharing and fun...not to mention FOOD!

By the end of the weekend, new friendships are formed and young people say it has made a difference in their lives and in their relationship to one another and God. Many of these same youth return time and again to lead subsequent weekends and share the Happening experience with other youth.

We hope that parish clergy, youth leaders, parents/guardians will encourage current 9th-12th grade youth in their congregations to attend a Happening weekend. **Happening #9, the next Happening weekend in the Diocese of New York, is Friday-Sunday, March 23-25, 2012 at Graymoor Spiritual Life Center, Garrison, NY**

Information and registration forms are available at:

<http://www.dioceseny.org/pages/270-christian-formation-workshops-and-events>

The cost is \$75 for the weekend which includes lodging and all meals. Financial assistance is available.

Questions?? Please contact Canon Patricia Mitchell at pmitchell@dioceseny.org / 212-316-7433

THE EPISCOPAL DIOCESE OF NEW YORK

Happening #9

(for current 9-12th grade students)

Youth Registration and Clergy Endorsement

Date: March 23-25, 2012

Graymoor Spiritual Life Center, Garrison, N.Y.

Registration Deadline: Monday, March 5, 2012

Last Name _____ First Name _____ T-shirt size _____
Age _____ Grade _____ Mailing Address _____ Apt # _____
City/Town _____ State _____ Zip _____
E-Mail _____ Telephone _____
Parent/GuardianName _____ Telephone(day) _____
Telephone(evening) _____ E-mail _____
ParishName _____ City/Town _____
Parent/GuardianSignature _____ Date _____

Clergy Endorsement: The above mentioned youth is known to me. I support his/her desire to attend Happening #9 in the Episcopal Diocese of New York and will ensure that s/he is prepared to attend a spiritual retreat weekend and participate in an appropriate manner. Our congregation will support this young person during Happening through prayer and after the event I will check in with this youth and help her/him find ways to share and live out the inspiration gained over the Happening weekend.

Name of Clergy

Person _____ Signature _____

REGISTRATION DEADLINE: MONDAY, March 5, 2012*

Space is limited! Registration is on a first come, first served basis and may close early if capacity is reached before the deadline.

To register mail: 1) this completed/signed registration form 2) the completed/signed permission/medical release form **and** 3) a check or money order for \$75** payable to **Diocese of New York** to:

**The Rev. Canon Patricia Mitchell
1047 Amsterdam Avenue
New York, N.Y. 10025**

*Registration will not be considered complete until all forms and full payment have been received ** **If you require financial aid**, please complete the financial aid application and mail or fax it to Canon Mitchell at 212- 316-7438 as soon as possible. For questions or additional information please contact Canon Mitchell at 212-316-7433 or pmitchell@dioceseny.org

EPISCOPAL DIOCESE OF NEW YORK
Permission and Medical Release Form for Youth

Full Name: _____ Grade _____ M _____ F _____
 Address: _____ City _____ State _____ Zip _____
 Home phone _____ E-Mail _____
 Parent/Guardian Name: _____ Daytime phone _____
 Evening Phone _____ E-mail _____
 Parish _____ Parish City/Town _____

I give permission for _____ to participate in the following event sponsored by the Episcopal Diocese of New York **Happening! Weekend, Diocese of New York, March 23-25, 2012 at Graymoor Spiritual Life Center, Garrison, N.Y.** I give my permission for him/her to engage in all activities except as noted on the back of this form. I understand that I am responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior). I also give permission for photographs or video of my child to be used by the Diocese for promotional or other purposes. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I am responsible for payment of all fees incurred.

I hereby indemnify, agree to hold harmless, and waive any claim against the Episcopal Diocese of New York, its members, representatives, officers, agents, employees, directors, and each of them for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

DATE _____ SIGNATURE _____ RELATIONSHIP _____

BIRTHDATE OF MINOR _____ DATE OF LAST TETANUS SHOT _____
 FAMILY PHYSICIAN _____ PHONE _____
 FAMILY DENTIST _____ PHONE _____
 MEDICAL INSURANCE COMPANY _____ POLICY# _____
 NAME OF POLICY HOLDER _____
 ANY DRUG OR FOOD ALLERGIES? _____
 SPECIAL NEEDS (INCLUDING DIETARY) _____
 IF CANNOT BE REACHED, PLEASE CONTACT
 PHONE _____ RELATIONSHIP _____

COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

Throughout this event, I agree:

- 1) not to bring or use alcohol or any illegal, non-prescription drugs. My parent/guardian will be notified and I will be sent home at my own expense if I violate this agreement.
- 2) to respect the needs and property of others and not to participate in any inappropriate sexual or violent behavior
- 3) not to leave the event site without the permission of an adult advisor and
- 4) not to use any tobacco products unless my parent/guardian has given me written permission.

I understand that these agreements are meant to make this event the best, safest and most fun possible for everyone and that if I violate any of them, the leadership team will have the authority to determine appropriate consequences. I have read and agree to live by these standards.

 Youth's signature

 Date

Return this form to:

The Rev. Canon Patricia S. Mitchell
 Canon for Christian Formation
 1047 Amsterdam Avenue New York, N.Y. 10025
 T: 212-316-7433 F: 212-316-7438 pmitchell@diocesenyc.org



**THE EPISCOPAL DIOCESE OF NEW YORK
YOUTH MINISTRY FINANCIAL AID APPLICATION
HAPPENING
(for current 9-12th grade students)**

Date _____

I _____, a member of _____
Full Name Parish Name

in _____ would like to attend **Happening #9 March 23-25, 2012**
Town/City

at **Graymoor Spiritual Life Center, Garrison N.Y.** I am requesting financial aid from the Diocese of New York toward my full participation costs for the event.

We are happy to assist you. Please complete this form honestly and in good faith.

Cost of Event: \$75
Amount I/ My Family Can Pay: \$ _____
Amount My Parish Has Committed to Contribute: \$ _____

Please ask your Priest/Senior Warden to complete this section:

I, the Priest/Senior Warden of _____ understand that
Parish Name
we have been asked to contribute toward _____'s registration
Name
costs. We are able to commit \$ _____ and I will see that a check in that amount payable to the **Diocese of New York** is sent **by Monday March 5, 2012** to:

The Rev. Canon Patricia Mitchell
1047 Amsterdam Avenue
New York, N.Y. 10025

Name of Priest/Senior Warden

Signature of Priest/Senior Warden

BALANCE REQUESTED FROM THE DIOCESE \$ _____

THE EPISCOPAL DIOCESE OF NEW YORK
Happening # 9
Adult Registration and Clergy Endorsement
Date: March 23-25, 2012
Graymoor Spiritual Life Center, Garrison, NY

Registration Deadline: March 5, 2012

Full Name _____ M _____ F _____ T shirt size _____
Age: _____ Mailing Address _____ Apt. # _____
City _____ State _____ Zip _____
E-Mail _____
Telephone(day) _____ Telephone (evening) _____
Parish Name _____ Town/City _____
Date _____

Clergy Endorsement: I understand that if my parish is sending 3 or more youth to Happening #9 we are required to send a fully registered adult (at least 21 years of age) who will stay for the entire weekend program. I give my approval for this adult parishioner to register for Happening #9 as a chaperone for the youth of this parish, to participate in the program and to assist the Happening staff in providing the appropriate level of responsible adult supervision for the entire group. (Attendance as a chaperone will also make this individual eligible to attend future Happening weekends as an adult staff member.) I will ensure that this individual is prepared to attend a spiritual retreat weekend and our congregation will support this person during Happening through prayer and in other ways indicated by the leaders of Happening.

Name of Clergy Person _____ Signature _____

REGISTRATION DEADLINE: Monday, March 5, 2012*

Space is limited! Registration is on a first come, first served basis and may close early if capacity is reached before the deadline.

To register mail: 1) this completed/signed registration form 2) the completed/signed adult participant covenant **and** 3) a check or money order for \$75** payable to **Diocese of New York** to:

The Rev. Canon Patricia Mitchell
1047 Amsterdam Avenue
New York, N.Y. 10025

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THE EPISCOPAL DIOCESE OF NEW YORK

Happening #9

March 23-25, 2012

Adult Participant Covenant

Happening is a retreat weekend for high school students designed to provide them with a unique experience for spiritual growth, fellowship, worship and fun. As an adult participant/chaperone, you will play a vital role in making the weekend an exciting, safe and wholesome experience for the youth by serving as a chaperone to the youth from your parish, by participating and by assisting the adult staff in providing additional adult supervision for the entire group. To that end, we have developed community norms by which we expect all adults in attendance to abide. By signing this form, which is required as part of your registration, you agree to:

- respect the dignity of every human being
- partner with the adult staff to create and nurture a healthy community
- respect individual and facility property and to be held financially responsible for any willful destruction of same
- not possess or use illegal drugs or alcohol at any time during the event
- not participate in inappropriate sexual behavior
- not possess or use any fireworks or weapons
- smoke tobacco products only in designated areas
- give permission for any photographs or videos of you at this event to be used by the Diocese for promotional purposes or other purposes
- follow the direction and the guidelines of the adult staff and the Community Covenant that will be developed during the weekend

My signature below indicates that I have read the above guidelines and intend to follow them throughout the weekend of Happening. I understand that failure to comply may result in my expulsion from Happening at my own expense.

Date

Signature of Adult Participant

Name of Adult Participant (please print)

Parish Name and Town/City

Please return this form with your registration form and \$75

payment.