

WESTERN REGIONAL YOUTH  
EVENT 2010  
July 6-10, 2010  
Montana State University – Billings



Dear WRYE Coordinator,

Finally! Here is the registration packet for the Western Regional Youth Event to be held in Billings, Montana, July 6-10, 2010! Please make a special note of the due dates throughout this packet! Please note that the **early bird deadline** has changed from Feb. 1 to **Feb. 15, 2010**.

Please note the **“Contents”** page. It lists for you which forms are necessary for Registration and some other important documents for you to pay attention to from this mailing!

The basic idea for registration is the same for NYE in 2008.

- Youth register **by conference**
- **Youth should not be sending me individual forms.**

Forms should come from the Conference Coordinator. You can send them in batches, as we fully understand how these things drizzle in. So... send what you have in hand in order to take advantage of the Early Bird Discount (\$325). Then send the later ones in another batch or two, at the General Registration rate (\$350).

Read also the sheet called **“In a Subsequent Mailing”**. This page explains some additional things that will follow after the first of the year.

Registrations should be mailed to the Montana-Northern Wyoming Conference Office, at the return address on the envelope. We are running the money through there. For answers to questions, however, you should call Kim Harris on her cell (406-855-4317) for the quickest response. I will have the data base in my laptop. The Conference Office will have only the most basic information.

We are looking forward to having you and your youth and youth leaders with us in Montana!

Kim Harris  
WRYE 2010 Chair



# WRYE 2010

"Reach Beyond the Big Sky"  
July 6-10, 2010

## Packet Contents

**Required Registration Forms to be submitted by each conference.** (Registration is by Conference, not by individual.)

You may send some as Early Bird Registrations and later ones as General Registrations in order to take maximum advantage of early discount.

- Registration Procedures
- Registration Forms
- Health Forms
- Statement of Policy for Protecting Youth
- Background Check and Release for Adult Advisors
- Covenant (for youth and adult advisors)
- Transportation Permission Form and Emergency Medical Information

**It is important that each conference make copies of the above forms:**

- ✓ 1 set to keep on file in the Conference Office
- ✓ 1 set to accompany your contingent during travel to/from the event

**Other important information for your working files:**

- ✓ Definitions for Statement of Policy for Protecting Youth
- ✓ Event Flyer
- ✓ Event Schedule (tentative)
- ✓ "In a Subsequent Mailing" – looking ahead

# REGISTRATION PROCEDURE FOR WESTERN REGIONAL YOUTH EVENT 2010

Billings, Montana



TO: All Conferences in the Western Region UCC and Guests  
FROM: Kim Harris, WRYE 2010 Chair  
DATE: November 20, 2009  
RE: Registration Information and Instructions

Please find enclosed the Registration materials for the  
Western Regional Youth Event (WRYE) 2010 July 6-10, 2010  
At Montana State University – Billings, MT

- Registration form
- Health forms
- Statement of Policy for Protecting Youth
- Background Check & Release for Adult Advisors
- Covenant
- Event Schedule and flyer

You may make additional copies as needed or by going to the WRYE website at [wrye.info](http://wrye.info)

**Late November/Early December:** Make sure that you have copied and mailed all registration materials to your local churches in your Conference, so they don't get lost in the Christmas shuffle; in your mailing, please make your local churches aware of the remaining deadlines.

For this event, as in times past, **participants will register by Conference**, youth as well as their Adult Advisors. Individual registrations will not be accepted.

## TIMELINE

February 15

### **EARLY BIRD SPECIAL – save some money**

A \$100 per person deposit, **postmarked by February 15**, is due at the Host Conference Office. These funds should be collected within your conference and sent together in a bundle/s to the Montana-Northern Wyoming Conference. The purpose of the deposit is two-fold: 1) to help each conference determine the number of participants who are firmly committed to attending the event and 2) to provide funds for the first payments we, as hosts, must make to Montana State University - Billings. The total fee for Early Birds is \$325, with the balance of \$225 due on **April 30, 2010**.

April 30

### **Regular-priced registrations be postmarked by April 30, 2010 and is \$350**

Please provide a definite number of participants attending from your conference to Kim Harris, Event Chair, by April 15. Phone: 406-855-4317  
[kimmie@firstchurchbillings.org](mailto:kimmie@firstchurchbillings.org)

Please send total registration fees along with completed registration forms. Conferences can either include one check for the whole group or individual checks as long as they are clearly marked with the participant's name.

Please make checks are payable to: **MNWC-UCC** (*with WRYE in the memo line*)

Please mail registration materials and full payment for all participants by April 30 to:  
WRYE Registrar  
Montana-Northern Wyoming UCC  
2016 Alderson Ave.  
Billings, MT 59102

**after April 30...** Late registrations may be accepted until June 15<sup>th</sup> - ONLY if space is available (Check with Kim first). A \$30 late-fee will also be charged for any registrations postmarked after April 30.

**More → → → → →**

**REFUND POLICY** for all participants upon receipt of registration materials and payment in the Montana-Northern Wyoming Conference

Cancellations before April 30<sup>th</sup> will receive a full refund, minus a \$30 processing fee.

Cancellations between April 30 and June 6 will receive a refund minus the \$100 deposit.

Cancellations after June 6 will receive NO REFUND.

However, .....churches may substitute a participant for someone who is canceling their registration. After June 6, these substitutions MUST be same gender, a female for a female, male for a male, youth for a youth and advisor for advisor in order to be acceptable.

No substitutions will be accepted after June 30.

Cancellations should be made by telephone or email.

**QUESTIONS??** Please contact Registrar, Kim Harris with any questions regarding WRYE.

[kimmie@firstchurchbillings.org](mailto:kimmie@firstchurchbillings.org) 406-855-4317

**As registrations come in,** we will be contacting each registrant to determine their choices about the following items:

- ***Workshop choices***
- ***Day trip choices***
- ***Service project choices***

Watch for these "Choices Sheets" in February or March 2006. A sheet called "In a subsequent mailing....." provides more details about these subjects.

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**UNITED CHURCH OF CHRIST  
WESTERN REGIONAL YOUTH EVENT 2010**

Tuesday, July 6 to Saturday, July 10, 2010  
Montana State University - Billings



“Even Youth grow tired and weary, and they stumble and fall; but those who hope in the LORD will renew their strength. They will soar on wings like eagles, they will run and not grow weary, they will walk and not be faint.”

Isaiah 40:30-31 adapted

**REGISTRATION FORM**

Please complete 1. the Registration Form, 2. the Health Form 3. Covenant (advisors also need to complete the Background Check and Release for Adult Advisors and the Statement of Policy for Protecting Youth).

Please Print Clearly or type.

Last Name	First/Middle	Date of Birth / /	Age in July 2010
Prefers to be called:			
Mailing Address			Present Grade
City	State	Zip	
Country	Home phone ( )	Work phone (if applicable) ( )	
Email	Cell phone ( )	FAX number (if applicable) ( )	
Your local church		Church Street Address	
Church City/Town	State	Zip	
Conference		Pastor's Signature (Required)	
Classification (Check One) <input type="checkbox"/> Youth Participant <input type="checkbox"/> Adult ((Group Coordinator) <input type="checkbox"/> Adult (Group Advisor) <input type="checkbox"/> Guest / Observer / Workshop Leader <input type="checkbox"/> International Participant <input type="checkbox"/> WRYE Staff <input type="checkbox"/> Ecumenical Participant <input type="checkbox"/> _____			Sex Youth <input type="checkbox"/> Male <input type="checkbox"/> Female Adult <input type="checkbox"/> Male <input type="checkbox"/> Female
T-shirt size (Choose one adult size): A WRYE shirt is included in your registration. <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
Registration Amount enclosed: Choose one of these packages			
<b>check one</b>	<input checked="" type="checkbox"/>	<b>Early Bird Special -- \$325</b> The first \$100 due February 15, 2010. Balance due by April 30, 2010.	
	<input type="checkbox"/>	<b>General Registration - \$350</b> - if postmarked after February 15, 2010. Send \$100 deposit to hold place; balance due by April 30, 2010.	
Late registrations may be accepted until June 15 ONLY if space is available. Call to inquire. 406-855-4317			
Parent/Guardian Permission			
I am aware that (name) _____ wishes to attend the 2010 Western Regional Youth Event at Montana State University – Billings, Montana, July 6-10, 2010, and s/he has my full permission to do so.			
Parent/Guardian Signature _____		Date _____	
Day Phone number: ( ) - _____		Evening Phone Number: ( ) - _____	
Additional ways I can be contacted in an emergency:			
FAX: ( ) - _____		Cell Phone: ( ) - _____	
Pager: ( ) - _____		E-mail: _____	

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**Most day trips will have additional costs/entrance fees/transportation fees listed in their descriptions; each participant will pay these when they register for day trips or when the check-in at the event.**

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**TRANSPORTATION: (Each conference/local church is responsible for making transportation arrangements to and from the event.) My conference group is traveling to Billings by:**

airplane    bus    individual vehicles    other

**Check here if there is a van and driver that might be used to transport a small group to a service project.**

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**FEES:**

**Registration fee covers: housing, meals, transportation during the event (except day trip transportation), T-shirt, program. It does not cover transportation to and from the event, day trips, or spending money.**

- Registration fee \$325
- Deposit to save a space \$100

**FEES PAID at the time of this registration: Deposit \_\_\_\_\_ Entire Reg. Fee \_\_\_\_\_**



**Name of Participant:** \_\_\_\_\_

Recent illness or surgery \_\_\_\_\_ Recent exposure to communicable disease \_\_\_\_\_

Is the participant in general good health and able to participate in all normal activities? Yes No

Please explain any restrictions \_\_\_\_\_

**Current Medications**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times to be taken \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times to be taken \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times to be taken \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times to be taken \_\_\_\_\_

Can your youth be expected to take the right amount of medication at the proper time? Yes No

▶ If you give your youth permission to administer his/her own medication, please sign here: \_\_\_\_\_

**(If the answer is no, permission to administer must be given to the Health Professionals available at the event and to the adult advisor traveling with your youth to and from the event.)**

We have contracted with a full time licensed Health Professional to be present on the MSU-B campus specifically for our event. Would you prefer that this Health Professional administer medications to your youth? Yes No

**Is your youth temporarily off any medications that they usually take during the school year?** Yes No

**If so, which medication/s?** \_\_\_\_\_

Please send medications in their original containers. Send only the amount needed, plus 2 extra doses.

Do not send a huge supply.

**Consent and Emergency Treatment Authorization:**

I request and authorize the Western Regional Youth Event, Montana State University – Billings, MT, area hospitals, medical staff personnel, agents and employees, to have access to information contained in this form and to provide all medical care, routine tests and necessary transportation advisable for my health or the health of my child. I acknowledge that no representations, warranties or guarantees as to result or cures will be made.

I hereby give permission to medical staff to secure and administer treatment including hospitalization for myself \_\_\_\_\_ (adult advisors)

or for my child, \_\_\_\_\_ (youth participants).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** Over-the-counter or internally-administered medication of any kind including **Ibuprofen (Motrin/Advil)** and Tylenol (acetaminophen) will not be administered to minors in attendance at the event without express permission of the parent/ guardian or attending physician. Use the attached **Over-the-Counter Medication form** to give permission.

**- continues on p.3 → → → →**

Montana-Northern Wyoming Conference of the United Church of Christ  
UCC Regional Event – WRYE 2010

## Over-the-Counter Medications

To treat symptoms that your youth might have while at **WRYE - 2010**, we ask that you fill out the following table of over-the-counter medications which will be administered to your youth if he/she can take them.

**These are for the occasional need and will be given only with parental permission below. The Event Nurse will stock a moderate supply of the items listed below, including Tylenol and Motrin.**

**Important: All prescription medication must be sent in its original container.**

<b>Symptom</b>	<b>Medication</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Cough	Robitussin			
Allergy/Stuffy Nose	Claritin Claritin-D			
Antihistamine for mild allergic reactions	Benedryl			
Fever, Headache, Pain	Tylenol			
Diarrhea	Kaopectate			
Constipation	Prune Juice Grape-nuts Applesauce			
Upset Stomach	Mylanta Tums			
Menstrual Cramps ( f only)	Ibuprofen Tylenol			
Bug bites Poison Ivy	Calamine Caladryl			
Sunburn	Solarcaine Aloe			
Cuts, Scrapes	Bacitracin, Neosporin			

**List any other Over-the-Counter medicine that you do NOT want administered to your youth?**

\_\_\_\_\_

**Youth's Name** \_\_\_\_\_ (PRINT CLEARLY, thanks)

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**If you need more room for comments, please use the backside of this sheet.**

# WESTERN REGIONAL YOUTH EVENT 2010

## STATEMENT OF POLICY FOR PROTECTING YOUTH

### **Prohibition of Sexual Exploitation and Harassment**

The (name of church or conference) \_\_\_\_\_ is committed to creating and maintaining a worship and work community in which members, friends, staff, and volunteers can worship and work together in an atmosphere free of all forms of discrimination, harassment, exploitation, or intimidation. Specifically, all persons associated with the (name of church or conference) \_\_\_\_\_ should be aware that the church is strongly opposed to sexual exploitation and harassment, and that such behavior is prohibited by church policy. It is the intention and responsibility of the church to take whatever action may be needed to prevent and correct behavior which is contrary to this policy and, if necessary, discipline those persons who violate this policy.

### **Care-Givers Conduct Policy**

Ministers and other employees or volunteers engaged in the ministries of the church are responsible for knowing the possible impact of their words and actions in caring for the emotional, mental, and spiritual needs of persons who come to them for help or over whom they have any kind of authority. Sexual harassment or sexual exploitation of a youth or other individual with whom a minister, employee, or volunteer engaged in the ministries of the church has a care-giving relationship is unethical and unprofessional behavior and will not be tolerated within the (name of church or conference) \_\_\_\_\_.

Because ministers and other church employees or volunteers engaged in the ministries of the church often deal with individuals who are emotionally and psychologically fragile or otherwise personally vulnerable, it is imperative that the care-givers be healthy psychologically, emotionally, and spiritually, and that the care-givers have adequate preparation and education for helping those individuals under their care. It is the policy of the (name of church or conference) \_\_\_\_\_ to encourage its ministers, staff, and volunteers to nurture safety within care-giving relationships by being attentive to self-care, education, and the importance of referring those in need. It is also expected that ministers and other employees or volunteers engaged in providing ministry will complete and submit a disclosure document in a form substantially similar to that attached as an exhibit to this policy.

### **Youth Protection Policy**

The (name of church or conference) \_\_\_\_\_ is committed to creating a safe and healthy environment in which young people can learn about and experience God's love. In order to ensure this, we expect that all people applying to be volunteers who work with minors will have been members for at least six months or friends of the church they represent for one year. It is the policy of the (name of church or conference) \_\_\_\_\_ to provide adequate supervision for all youth activities. We also expect all employees or volunteers who work with minors to complete and submit a disclosure document in a form substantially similar to that attached as an exhibit to this policy.

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# WESTERN REGIONAL YOUTH EVENT 2010

## DEFINITIONS for STATEMENT OF POLICY FOR PROTECTING YOUTH

Sexual exploitation is sexual activity or contact (not limited to sexual intercourse) in which a minister, other church employee, or volunteer engaged in the work of the church takes advantage of the vulnerability of a participant by causing or allowing the participant to engage in sexual behavior with the church worker.

Sexual harassment includes repeated or coercive sexual advances toward another person contrary to his or her wishes. It also includes behavior directed at another person's sexuality or sexual orientation with the intent of intimidating, humiliating, or embarrassing the other person, or subjecting the person to public discrimination. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- submission to such conduct is made either explicitly or implicitly a term or condition or circumstance of instruction, employment, or participation in other church activity; or
- submission to or rejection of such conduct by an individual is used as a basis for evaluation in making personnel or church-related decisions affecting an individual; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's performance or participation in church activities, or creating an intimidating, hostile, or offensive work or church environment.

Prohibited sexual harassment includes unsolicited and unwelcome contact that has sexual overtones.

This includes:

- written contact, such as sexually suggestive or obscene letters, notes, invitations;
- verbal contact, such as sexually suggestive or obscene comments, threats, slurs, epithets, jokes about gender-specific traits or sexual orientation, sexual propositions;
- physical contact, such as intentional touching, pinching, brushing against another's body, impeding or blocking movement, assault, coercing sexual intercourse; and
- visual contact, such as leering or staring at another's body, gesturing, displaying sexually suggestive objects or pictures, cartoons, posters, or magazines.

Sexual harassment also includes continuing to express sexual interest after being informed directly that the interest is unwelcome and using sexual behavior to control, influence, or affect the career, salary, work, learning, or worship environment of another. It is impermissible to suggest, threaten, or imply that failure to accept a request for a date or sexual intimacy will affect a person's job prospects, church leadership, or their comfortable participation in the life of the church. For example, it is forbidden either to imply or actually withhold support for an appointment, promotion, or change of assignment, or suggest that a poor performance report will be given because a person has declined a personal proposition. Also, offering benefits, such as promotions, favorable performance evaluations, favorable assigned duties or shifts, recommendations or reclassifications in exchange for sexual favors is forbidden.

# WESTERN REGIONAL YOUTH EVENT 2010

## BACKGROUND CHECK AND RELEASE FORM FOR ADULT ADVISORS

Please read accompanying statements and definitions.

Advisor Name \_\_\_\_\_

Name of church where I am currently a friend or member \_\_\_\_\_

I have been a member since \_\_\_\_\_ I have been a friend of this church since \_\_\_\_\_

I have never been found guilty, or plead guilty or no contest, to a criminal charge.  True  Not true

*If not true, give a short explanation of the charge. (Please indicate the date, nature, and place of the incident leading to the charge, where the charge was filed, and the precise disposition of the charge.)* \_\_\_\_\_

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

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.  True  Not true

*If not true, give a short explanation of the lawsuit. (Please indicate the date and nature of the incident leading to the lawsuit, where the lawsuit was filed, and the precise disposition of the lawsuit.)* \_\_\_\_\_

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

I have never terminated my employment, professional credentials, or service in a volunteer position, or had my employment, professional credentials, or authorization to hold a volunteer position terminated, for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.  True  Not true

*If not true, give a short explanation. (Please indicate the date of termination, name, address, and telephone number of employer or volunteer supervisor, and the nature of the incident(s) leading to your termination.)* \_\_\_\_\_

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

Do you have a valid driver's license?  Yes  No

If yes, from which state \_\_\_\_\_ Driver's License Number \_\_\_\_\_

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.  True  Not true

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?  Yes  No

If yes, please provide a brief explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The covenants between persons seeking authorized volunteer positions in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty to reasonably amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the church they seek to serve. To that end, I authorize the (name of church or conference) \_\_\_\_\_ and/or its agents to make inquiries regarding all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background character. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements made in good faith and without malice.

The (name of church or conference) \_\_\_\_\_ volunteer recruitment process involves the distribution of information regarding applicants with those persons in a position to recruit, secure, and supervise the position I am seeking to fill. To that end, I authorize the (name of church or conference) \_\_\_\_\_ and/or its agents to circulate, distribute, and otherwise share information gathered in connection with this application. I understand that the (name of church or conference) \_\_\_\_\_ will share with me information it has gathered about me if I request it to do so.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Sponsor's signature (local church official) \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_

Your signature shows that you have reviewed this form for accuracy and completeness, to the best of your knowledge, and that you have no reason to doubt this person's appropriateness to serve as an advisor to youth attending the 2010 Western Regional Youth Event at Montana State University – Billings, July 6-10, 2010.

# WESTERN REGIONAL YOUTH EVENT - 2010

## Transportation Permission Form & Emergency Medical Information

Use this form only if someone other than a family member is transporting your youth to this event, or if your YOUTH is attending an off-site camp / event / meeting.  
**It should be kept in the vehicle with the traveler during transit.**

Name(s) of youth *(PLEASE PRINT CLEARLY)*

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

I give my permission for the transportation of the above named person(s) to and from Montana State University - Billings and/or for transportation for off-site tours and service projects. I give my permission to the hosts, the Montana-Northern Wyoming UCC Conference, and to the appointed adults responsible to provide any needed medical assistance for the above named youth should there be an emergency or accident in transit. The following information is provided to assure the best appropriate care:

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone(s) where parent/guardian can be reached during transportation process:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

Insurance Company name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Address and phone of insurance company \_\_\_\_\_

Policy holder's name \_\_\_\_\_ Policy holder's date of birth \_\_\_\_\_

Policy holder's Social Security Number \_\_\_\_\_

Doctor preference \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medication currently being taken, any medication allergies, or any physical conditions that would affect treatment.

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

Any further instructions: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# WESTERN REGIONAL YOUTH EVENT - 2010

## "REACH BEYOND THE BIG SKY"

"Even Youth grow tired and weary, and they stumble and fall;  
but those who hope in the LORD will renew their strength.  
They will soar on wings like eagles, they will run and not grow weary, they will walk and not be faint."  
Isaiah 40:30-31 adapted

*Hosted by the Montana-Northern Wyoming  
Conference of the United Church of Christ*

*July 6 - 10, 2010*



*Montana State University - Billings*

For Youth who will be entering the 7<sup>th</sup> grade in the fall of 2010 through graduating seniors of 2010!!

**Early Birds** - \$100 deposited by Feb. 15, 2010 locks in a \$325 total fee.

**After That** – it will be \$350

All fees due April 30, 2010

Additional spaces will likely be available after April 30.  
Please call to inquire – 406-855-4317

Fees include food, lodging, and program but not transportation to Montana.

Registration forms will be mailed to the Western Region Conferences in November 2009

Please visit our website at  
[www.wrye.info](http://www.wrye.info)



## REVISED SCHEDULE FOR WRYE

### Tuesday, July 6 - ARRIVAL DAY

1:00	Check-in Games, frisbee, recreation, etc.
4:00pm	Adult Orientation
5:00 - 6:30pm	<b>DINNER</b>
7:00pm	Welcome and Greetings
7:30pm	Community Building in large group
9:00pm	Family Groups
	<b>WORSHIP</b>
11:00pm	Conference Roundup (closing)
12:00	Lights out.

**Please Note:** The schedule shown here is in a very preliminary **DRAFT FORM.**

**Two Items are Firm:**

- Check-in time begins at 1:00 pm on Tuesday, July 6, 2010 (no lunch is served)
- The expectation that all groups will depart early in the morning, Saturday, July 10. There will be no programming scheduled for Saturday morning.

### Wednesday, July 7 - MISSION PROJECT DAY

8:00am	<b>BREAKFAST</b>
8:45am	Gathering Music
9:00am	Plenary Session with Keynote Speaker
10:00am	OFF to Mission Projects
12:00pm	<b>LUNCH</b> - Box lunches
3:00pm	Return to campus
3:00pm	Free Time
4-5:00pm	Family groups (re: mission debriefing)
5 - 6:30pm	<b>DINNER</b>
7 - 7:45pm	<b>WORSHIP</b>
8 - 10:30pm	Evening Activity.
11:00pm	Conference Roundup (closing)
12:00pm	Lights out.

Buses and Vans will take us away

### Thursday, July 8 - WORKSHOP DAY

8:00am	<b>BREAKFAST</b>
8:45am	Gathering Music
9:00am	Plenary Session with Keynote Speaker
10:30 - 12 noon	WORKSHOP SESSION A
12:15 pm	<b>LUNCH</b>
1:30 - 3:00pm	WORKSHOP SESSION B
3:00 - 3:30pm	Time to move between workshops
3:30 - 5:00pm	WORKSHOP SESSION C
5:30 - 6:15pm	<b>DINNER</b>
7:00 - 8:00pm	<b>WORSHIP</b>
8:00 - 10:45pm	Evening Activities
11:00pm	Conference Roundup (closing)
12:00pm	Lights Out!

### Friday, July 9 - Day Trip DAY

8:00am	<b>BREAKFAST</b>
8:45am	Gathering Music
9:00am	Plenary Session with Keynote Speaker
10:00am	OFF with TOUR GROUPS
12:00pm	<b>LUNCH</b> - Box lunches
3:00pm	Return to campus
3:00pm	Free Time
5:00pm	<b>DINNER</b>
7:30 pm	<b>WORSHIP</b>
9:00pm	Evening Activity
11:00pm	Conference Roundup (closing)
12:00pm	Lights Out.

Buses and Vans will take us away

**Departure Day: Saturday, July 10**

## *In a subsequent mailing.....*



You will be receiving information on three more components of WRYE 2010. There will be an opportunity for youth and adults to make choices about the following items.

Responses may be submitted by e-mail, snail mail or on line.

### **1. Service Projects:**

Participants will have the opportunity to choose between three types of Service Projects.

- Environmental Projects – outdoor work
- Human Service Agency work – help with projects already in place with Human Services agencies in the Billings area
- One on One projects – groups helping individuals in smaller settings (ex. In a Retirement Facility, home, day care center, etc.)

### **2. Day Trips:**

Our coordinator is identifying various off-campus day trips for interested youth. If you choose to participate in one of these, the cost for transportation will be added at the time. Some day trips will have additional costs/entrance fees listed in descriptions we will provide; each participant will pay these fees on that day.

- Some will require an entrance fee - amounts will vary.
- Others will have no entrance fee, but will require a small fee for the bus transportation.
- Others choices may be recreational activities on the UCCS campus at little to no charge.

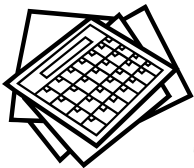
### **3. Workshop Choices:**

Participants will be asked to list their first three choices for each of three workshop sessions. A descriptive list will be provided.

## *In addition.....*

There will be an opportunity for youth and adults to volunteer to **share their talents in worship leadership**, such as singing, sacred dance, playing an instrument, storytelling, etc.

What are the special talents of the youth and adults in your conference that you would like to share with the rest of us? Please speak up – you are our only source of this sort of information.



The information described above will be provided to you around March, as soon as we have more details firmly in place.