




Passion 2021

state Farm Arena
January 1-2, 2021

Covenant Baptist Church Information Sheet

- WHEN:** January 1-2, 2020
Leave Friday 12 noon, January 1st from Covenant.
Return on Saturday, January 2nd around 11pm.
We will be traveling in cars.
Spaces are very limited! First come basis! Check with me to make sure we have space available before you buy your ticket.
- WHERE:** The Passion 2021 gathering we will be attending is in the State Farm Arena in Atlanta, GA.
We are staying in the Hyatt Place Atlanta Centennial Park Hotel
300 Luckie St. NW Atlanta, Georgia 30313
Jim's cell phone — (864) 617-2097
- COST:** **You must buy your own ticket!**
Hotel is provided by Covenant. You will need to buy a few meals. *Breakfast at hotel is included.* Extra for spending (snacks, t-shirt, etc)
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- SCHEDULE:**
*Go to <https://www.passion2021.com/#register> to buy ticket, see the schedule, and for more info.
- WHAT TO BRING:**
1. Casual clothing is appropriate. Jeans and sweaters are fine. Bring a warm jacket. Please limit your luggage to one suitcase and one carry-on.
 2. Complete Bible, note pad, and pen.
 3. Personal articles such as toothbrush, shampoo, deodorant, etc.

WHAT NOT TO BRING:

1. Linens, towels, or washcloths.
2. Alcohol, tobacco or non-prescription drugs.

MEDICAL:

If under 18 years old, you **MUST** have a medical form filled out. See Jim for this. This is in case of an emergency. These must be turned in prior to getting on the vehicles to go.

Info about trip:

For College Students and High School Seniors

SCHEDULE

DAY ONE

SESSION ONE

6:00 P.M.

SESSION TWO

8:30 P.M.

DAY TWO

SESSION THREE

9:30 A.M.

SESSION FOUR

11:00 A.M.

SESSION FIVE

1:30 P.M.

SESSION SIX

7:30 P.M.

Speakers: Louie and Shelley Giglio, and more.

Music: **Passion Band** and more.



COVENANT BAPTIST STUDENT MINISTRY PARENT CONSENT MEDICAL RELEASE FORM

I give permission for my son/daughter to attend

the **Passion 2021** in **Atlanta, GA.** (Location)

On **Jan. 1-2, 2021** (Date)

with **COVENANT Baptist Church.**

Students Name: _____

Date of Birth: _____

Address: _____

_____ zip _____

Parents' Names: _____

Day time phone: _____

Night time phone: _____

We assume all risk and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify and hold harmless the Covenant Baptist Church, the organizers, sponsors, and any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

Date: _____

Signature of Parent

Covenant Baptist Church * 4521 Liberty
Hwy. Anderson, SC 29621 * (864) 261-3343

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the person in charge to perform whatever care is necessary for the welfare of my child until such time as you *are able* to reach us personally.

Signature of Parent

Date

HOSPITALIZATION INSURANCE:

Company: _____

Policy number: _____

Certificate number: _____

Name of Insured: _____

Family Physician: _____

Phone: _____

IMUNIZATION: Date Received

Tetanus: _____

List of known allergies: _____

LIST ON BACK of this form all prescription drugs child will be taking while on trip- state frequency and dosage for each medication. Any other pertinent information medical or otherwise (asthma, diabetes, etc...)

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Work phone: _____

Home Phone: _____