

Uniteen/ Y.O.U. Event Permission Form
Unity Minneapolis, 4000 Golden Valley Rd., Golden Valley, MN 55422
763-521-4793 x25

Event: Uniteen & Y.O.U. Fall Lock-In

Date(s): Saturday, Oct 17- Sunday Oct 18, 2026

Location: Unity Minneapolis

Cost: \$20 (contributions go toward dinner, breakfast, and T-Shirt)

Drop-off: 5:30 PM on Saturday

Pick-up: 11:00AM on Sunday

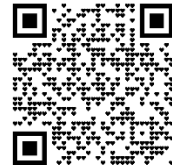
Event details: Participating youth will have dinner together, play fun games and activities, and spend the night in our building! We will have breakfast together and then attend our youth group on Sunday morning. This is a great way to build connections before going off to the Regional event together!

What to bring: Sleeping bag, pillow, sleeping clothes and toothbrush. Healthy snacks appreciated.

Forms: Participant registrations are due Wednesday Oct 14th.

Register for this event by visiting this site: <https://www.signupkit.co/WIRYn>

or scanning the QR code here:



Please email completed forms to becky@unityminneapolis.org

or bring completed forms to lock-in.

A completed Medical Release form is required! Participants with completed 2026 Medical Release forms will not need a new one. All others will need to complete the medical release form in addition to permission form and heart agreement form.

Teen Leaders /Chaperones in attendance:

Becky Nordeen 651-492-3282

Jeff Polson 612-247-9124

Carol Johnson 651-329-9605

Tami Anderson 612-267-6347

Uniteen/ Y.O.U. Event Permission Form

***Keep first page. Return this second page to the Youth Ministry Department
or email to becky@unityminneapolis.org.***

I am familiar with the leadership accompanying the group, and other circumstances of the event,
I give my permission for _____ to attend and participate in
_____ on _____

Event Name

Date(s)

Photos from this event may be posted in our church media content. Do you approve of the use
of your child's image? ☐ Y / ☐ N

Please check if you can:

- ☐ I am available to assist in preparing dinner in the evening
- ☐ I am available to assist in preparing breakfast in the morning

Parent/Guardian signature

Date

Emergency Contacts and Phone Numbers

#1 _____
Name and Phone Number

#2 _____
Name and Phone Number

Meal requirements (circle all that apply): Vegetarian Vegan No Red Meat No Dairy

Allergies- Food/ Other:

(please specify): _____