

A retreat for
United Methodist College Students
from around Ohio

Theme: Neighbors....

"...the Word became flesh and blood,
and moved into the neighborhood..."

John 1— The Message

The planning team, made up of students from several Ohio colleges and universities, have a desire to gather UM students together to get to know one another, share issues and struggles, and to grow spiritually together. Luther Felder, Division of Higher Education, Assistant General Secretary, Campus Ministry Section of the General Board of Higher Education and Ministry will be the keynote speaker.

Date: September 15-16, 2006

Where: Camp Asbury
10776 Asbury Road
Hiram, OH 44234

UMCARE

The United Methodist College-Age Retreat & Extravaganza

Your Registration
Cost even includes
a Tee Shirt!!



Cost is just \$30 per person,
including meals, lodging and
program. Registration forms
are available online at

[http://www.eocumc.com/highered/images/
umcare0906.pdf](http://www.eocumc.com/highered/images/umcare0906.pdf)

or check with the Chaplain or
Campus Minister at your school.

Contact Persons:

Will Stolicny - 330-257-4134
wstolicny@gmail.com

or

Gary Jones - 800-831-3972 ext. 120
gary@eocumc.com

UMCARE
United Methodist College-Aged Retreat & Extravaganza
September 15-16, 2006
Camp Asbury, 10776 Asbury Road, Hiram, OH 44234

To register, fill out the registration form below & send it with payment to:
East Ohio Camps, PO Box 76021, Cleveland, OH 44101-4755
Questions? Contact Will Stolicny at wstolicny@gmail.com or 330-257-4134
or Gary Jones at gary@eocumc.com or 800-831-3972 ext. 120.
Checks made payable to: East Ohio Conference

Name _____

Street Address _____

City, State, Zip _____

Phone (best # to get in touch with you) _____

E-mail Address _____

Age _____ Birth Date ____ / ____ / ____ Gender M F

College or University: _____

Home Church Name _____ City _____ District _____

Tee Shirt Size _____

Event Fee is \$30

Method of Payment: Check Visa MasterCard

Card # _____ Expiration Date _____

Signature _____ Printed Name _____

I hereby register in the above named event. I give permission for my name and address to be shared with my event group, and for still/video picture of me to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care as needed.

Signature: _____ Date: _____