

~LAUNCH~

AN EVENT FOR NEWLY GRADUATED HIGH SCHOOL SENIORS

July 7-11, 2019 - Roanoke College, Salem VA

LAUNCH is an event for youth who have just graduated from high school. Its purpose is to give them a chance to take stock of where their faith life has led them so far and also to provide an opportunity for engaging in discussion on matters of faith and life that are likely to face them as they move on to the next stage of their lives, whether it be the workplace, military or other public service, college, or something else. If participants are veterans of our Virginia Synod ELCA Youth Events (Lost and Found, Winter Celebration, Kairos, etc.), they will find that this event is **structured differently**. We will spend our three full days together in a rhythm of worship, informal presentations to the full group, small group discussions, and individual reflections that engage the mind as well as the spirit. Of course there will be time for fellowship and relaxation, meals together, and - as always - plenty of snacks and singing!

***You can stay for the three days *after* LAUNCH for "Power in the Spirit" for just an additional $50!! Go to the synod website - www.vasynod.org and click on the Power in the Spirit link for details on the event and contact Dave Delaney (delaney@vasynod.org) on how to get in on this offer!

- REGISTRATION LIMIT: 30 participants
- EVENT REGISTRATION FEE: $120 per person
- REGISTRATION DEADLINE: June 14, 2019 (after this date, permission to register must be obtained from Synod Youth Director Dave Delaney; don't hesitate to call and ask !!)
- QUESTIONS ABOUT LAUNCH OR THE REGISTRATION PROCESS SHOULD BE ADDRESSED TO: **DIRECTOR OF YOUTH AND YOUNG ADULT MINISTRIES DAVE DELANEY - 540-389-1000 / cell: 540-529-6893 / delaney@vasynod.org**

After you register, you will receive a confirmation of registration letter with information on when and where to arrive at Roanoke College, a list of things to bring and not bring, an additional Roanoke College health form to fill out, and other instructions. IF YOU DO NOT RECEIVE A LETTER OF CONFIRMATION WITHIN 3 WEEKS OF REGISTERING OR BY JUNE 21st, PLEASE CONTACT THE VIRGINIA SYNOD OFFICE IMMEDIATELY! (540-389-1000)

A sketch of our LAUNCH week:

Sun July 7 **GATHER!**	Mon July 8 **DAY THEME:** **FAITH choices and challenges**	Tues July 9 **DAY THEME:** **LIFESTYLE choices and challenges**	Wed July 10 **DAY THEME:** **VOCATIONAL choices and challenges**	Thurs July 11 **GO!**
	During the day on Tues, Wed. Thurs: • visiting speakers • group conversation • lots of snacks • meals together • time for private reflection • advice from people who have been there • free time to visit and talk			*Closing conversation, closing worship, **finish up by about 11am***
-Eat dinner before arriving ***~6:00-7:00pm or so - show up at RC*** *(details later)* *We start our conversation!* *Stay overnight in the RC dorm all week!*	**Evenings:** • off-campus activities • more visitors and conversations • hanging out and relaxing • movies and other fun stuff • Compline and retrospective on the day			POWER IN THE SPIRIT starts on Thursday at noon - it's a great way to stay involved in the life of the Virginia Synod! You can stay for it for just an extra $50 !

Virginia Synod 2019 LAUNCH Registration Form

PLEASE PRINT!

Participant Name: _____

Mailing Address: _____

_____

Home phone: _____ Cell phone: _____

Email address: _____

Male _____ Female_____ Date of birth: _____

Congregation name and location: _____

➜➜ YOU MUST SIGN THE EXPECTATIONS SECTION AT THE BOTTOM OF THE PREVIOUS PAGE!

RETURN THIS FORM WITH THE $120* REGISTRATION FEE TO: LAUNCH, Virginia Synod ELCA, PO BOX 70, SALEM VA 24153

□ "I will also be attending Power in the Spirit" (July 11-13)

*if you're staying to participate in Power in the Spirit, please download a Power in the Spirit Registration form, put "LAUNCH participant" across the top, fill it out, include a check for $50 and send it in separately. Power in the Spirit registration information can be obtained by going to the synod website - www.vasynod.org

MEDICAL INFORMATION

Participant name: _____

Date of birth: _____ Male ____ Female _____

Medical Insurance Carrier: _____

Policy / Contract number: _____

Allergies / Disabilities / Medications / Special Medical Conditions / Food needs :

Emergency contact:

Name: _____ Daytime phone: (_____) _____

Evening phone: (_____) _____ Other phone: (_____) _____

Secondary contact: Name_____

Relationship: _____ Phone numbers: _____

"I give permission to be treated if I am unable to answer"

(*please sign)*_____

LAUNCH Covenant

• As with all Virginia Synod Youth events, we come together to create an Intentional Christian Community and, as such, the behavior of all youth and adults in the community reflects the faith we share in Jesus Christ. Therefore, we all agree to the following practices which will contribute to building the community:

• We will be mutually accountable to each other for gracious and appropriate language and actions, striving to make sure that all are included in the community and none are shunned or belittled, and refraining from actions or words which constitute sexual harassment or other sexual misconduct.

• We will be gracious and accountable to our dorm companions by observing lights-out and quiet times as well as areas of privacy within the dorm. We will be gracious and accountable to our event presenters and small group companions by making sure we get sufficient sleep and fully participate in all activities of the event.

• For safety reasons, we will not leave the Roanoke Campus without notifying the event director.

• We will not bring alcohol, drugs (other than required medications), weapons, or tobacco to the event.

• We will be courteous guests of Roanoke College and its staff.

Participant Signature: _____
Date: _____

PARENTAL PERMISSION

If participant will not be 18 or older by the time of the event, parent / guardian must complete this section:
(Name of participant) _____ has my permission to participate in Virginia Synod LAUNCH at Roanoke College, July 7-11, 2019. I will be supportive of event leaders in administering event expectations. In the event I cannot be reached at the numbers above, I give permission to have the participant treated at an appropriate medical facility as deemed necessary.

_____ _____
(signature of parent / guardian) (Date)