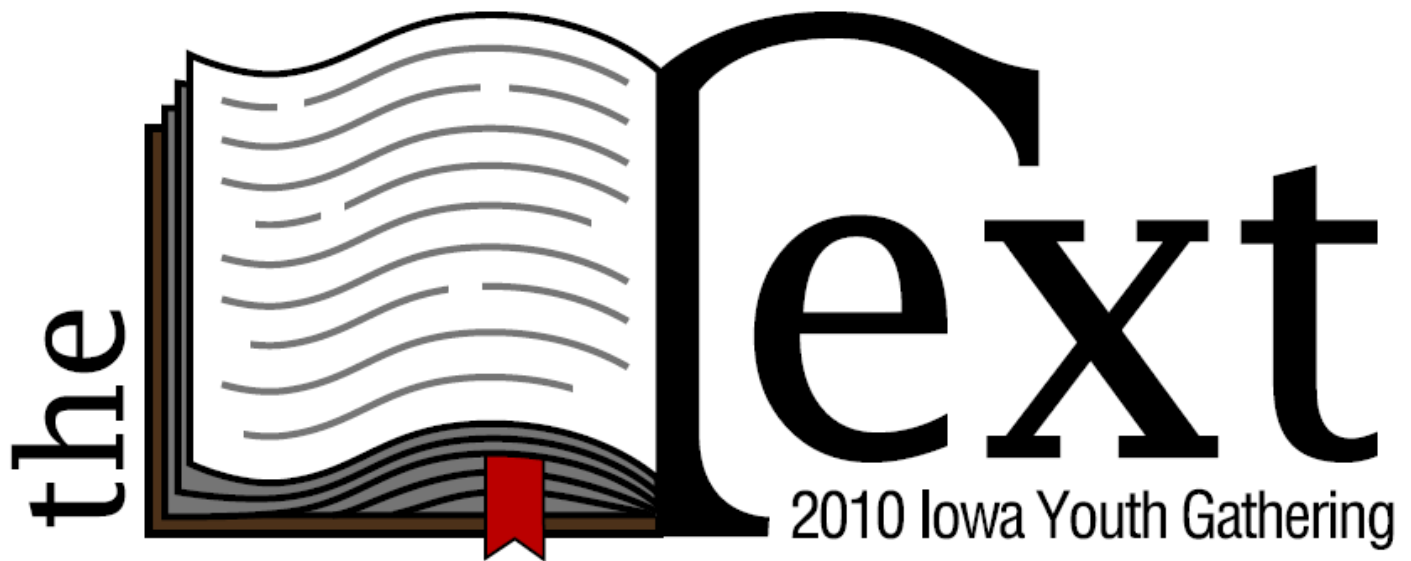


# 2010 Iowa Youth Gathering



November 19-21, 2010

Embassy Suites, Des Moines, IA

For all youth in grades 9-12

Keynote Speaker

**Rev. Mark Schaefer**

Water's Edge Lutheran Church, Frisco, TX

Gathering Music



Theme Verse

**Psalm 119:103**

*See your pastor or youth leader or visit [www.idwyg.org](http://www.idwyg.org) for more information.*

Dear Pastors and Youth Leaders,

Welcome to "The Text," the 2010 Iowa Youth Gathering. All youth and their counselors are invited to attend this event to celebrate God's Text - given in His Scriptures - with music, Bible study, hands-on activities, sectionals, drama, and worship. The Iowa Youth Gathering will be held at the Embassy Suites in downtown Des Moines. Our keynote speaker for the weekend is Rev. Mark Schaefer of Water's Edge Lutheran Church in Frisco, TX. Great music will be provided by 211Band of Lincoln, NE.

Enclosed is the registration material for "The Text." In order for the committee to make all the preparations for this event, we need to have the forms filled out by the youth, parents, and counselors and returned to:

**Amy Schmidt, DCE  
St. Paul Lutheran Church  
PO Box 241  
Ankeny, IA 50021**

**All registration material must be postmarked no later than October 4, 2010.**

The registration fee is \$175 per person. An advance payment of \$90 must be included for each person attending the Gathering.

The Iowa Youth Gathering will start Friday, November 19, with registration from 6:00 to 8:00 p.m. Gathering activities will begin promptly at 8:00 p.m. Confirmation and a detailed schedule will be sent to you after registrations are received.

Your registration packet should include the following items:

Registration Information & Instructions  
Primary Adult Leader Registration with List of Participants on back (on colored paper)  
Adult Counselor Registration Form (copy on WHITE paper as needed)  
Youth Registration Form with Health Form on back (copy on WHITE paper)  
Iowa District West Youth Gathering Covenant  
Adult Leader Expectations  
Financial Aid Form (copy as needed)  
Information on our Iowa District West Mission Project  
"The Text" Pre-Gathering Bible Study

We look forward to a great Gathering weekend. If you have any questions regarding registration, please contact DCE Amy Schmidt at 515-964-1250 or [dceamy@gmail.com](mailto:dceamy@gmail.com) or Rev. Dave Dahlke at 515-225-1623.

Your fellow servants of the Word,

The Youth Gathering Committee



*How sweet are your words to my taste, sweeter than honey to my mouth! -Psalm 119:103*

**Iowa Senior Youth Gathering**  
**Embassy Suites, Des Moines, IA**  
**November 19-21, 2010**

## Registration Information

*Who may attend the Youth Gathering?*

Any 9th - 12th grade member of the LCMS  
Guests are welcome but must be part of a local "Family Unit"  
Adult Counselors

*What is a "Family Unit"?*

This Youth Gathering is based on "Family Units" which require 1 adult counselor and a minimum of 1 youth - maximum of 6 youth. Adult counselors must be 21 years of age or older, approved by your pastor, active in church, spiritually mature, and willing to be involved with youth. Congregations also choose one of the counselors as their Primary Adult Leader. Gathering confirmation and all other information will be sent to the address provided on the Primary Adult Leader form. Congregations may register as many "Family Units" as they desire.

*What is the Cost?*

*Total Cost:* \$175 per person for registrations postmarked October 4, 2010.

*Advance Payment:* \$90 per person with registration. Remaining balance is due upon arrival for all registered participants.

Cost includes 2 nights lodging, 3 meals on Saturday & breakfast on Sunday, a T-shirt, and the total Gathering program.

*Refunds:* No Refunds (except for verified all-state participants)

*Forms:* Photocopy Youth Registration Forms, Adult Counselor Registration Forms, and Youth Gathering Covenants as needed on white paper. Please put the health form on the back of the youth registration form.

*Registration opens now!*

To register, please send:

- Primary Adult Leader Registration Form (completed on both sides)
- Other Adult Leader Forms
- Youth Registration and Health Forms
- A deposit of \$90 per person with one church check payable to Iowa District West - SYG postmarked by **October 4, 2010** to:

Amy Schmidt, DCE  
St. Paul Lutheran Church  
PO Box 241  
Ankeny, IA 50021

Hotel rooms will be assigned after October 4. We cannot guarantee room availability after the registration deadline.

# Primary Adult Leader Registration Form

(Formerly known as the Contact Person, the Primary Adult Leader will receive ALL correspondence, emails, and snail mailings from IDW regarding the SYG.)

## Iowa Senior Youth Gathering Embassy Suites, Des Moines, IA November 19-21, 2010

Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
(Please print) Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Congregation & City: \_\_\_\_\_

T-Shirt Size (adult sizes): \_\_\_small \_\_\_medium \_\_\_large \_\_\_XL \_\_\_2XL \_\_\_3XL

Special Needs? – Please explain: \_\_\_\_\_

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### Make one church check payable to Iowa District West - SYG

Participant Gathering Cost: \$175. A deposit of \$90 is due by October 4 for each participant.

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I agree to participate and cooperate in every way at the District Youth Gathering and serve as the Primary Adult Leader for our congregation.

\_\_\_\_\_  
Signature of Primary Adult Leader

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Please complete the back of this sheet with **all** information.

### Must be postmarked no later than October 4, 2010

(Please issue *one church check* for the group,  
payable to Iowa District West - SYG)

**Mail this primary adult leader form, other adult leader forms, youth registration forms, and deposit to:**

Amy Schmidt, DCE  
St. Paul Lutheran Church  
PO Box 241  
Ankeny, IA 50021

For office use:

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Other \_\_\_\_\_ Balance Due \_\_\_\_\_

Church Name: \_\_\_\_\_

City: \_\_\_\_\_

	Adult Leaders (names First and Last)	Male	Female	Communion?	T Shirt size
1				Yes No	S M L XL 2XL 3XL
2				Yes No	S M L XL 2XL 3XL
3				Yes No	S M L XL 2XL 3XL
4				Yes No	S M L XL 2XL 3XL
5				Yes No	S M L XL 2XL 3XL

	Youth Participants (names first and last)	Male	Female	Communion?	T Shirt size
1				Yes No	S M L XL 2XL 3XL
2				Yes No	S M L XL 2XL 3XL
3				Yes No	S M L XL 2XL 3XL
4				Yes No	S M L XL 2XL 3XL
5				Yes No	S M L XL 2XL 3XL
6				Yes No	S M L XL 2XL 3XL
7				Yes No	S M L XL 2XL 3XL
8				Yes No	S M L XL 2XL 3XL
9				Yes No	S M L XL 2XL 3XL
10				Yes No	S M L XL 2XL 3XL
11				Yes No	S M L XL 2XL 3XL
12				Yes No	S M L XL 2XL 3XL
13				Yes No	S M L XL 2XL 3XL
14				Yes No	S M L XL 2XL 3XL
15				Yes No	S M L XL 2XL 3XL
16				Yes No	S M L XL 2XL 3XL
17				Yes No	S M L XL 2XL 3XL
18				Yes No	S M L XL 2XL 3XL
19				Yes No	S M L XL 2XL 3XL
20				Yes No	S M L XL 2XL 3XL
21				Yes No	S M L XL 2XL 3XL
22				Yes No	S M L XL 2XL 3XL

**Total Participants**

Male Adults \_\_\_\_\_  
 Female Adults \_\_\_\_\_  
 Male Youth \_\_\_\_\_  
 Female Youth \_\_\_\_\_

**Total T-shirts**

Small = \_\_\_\_\_  
 Medium = \_\_\_\_\_  
 Large = \_\_\_\_\_  
 XL = \_\_\_\_\_  
 2XL = \_\_\_\_\_  
 3XL = \_\_\_\_\_

**Pastor Consent:** *I give the participants (marked 'yes' above) permission to take communion.*

\_\_\_\_\_  
 Signature of Pastor

**Adult Counselor Registration Form**  
*(Copy on white paper as needed)*

**Iowa Senior Youth Gathering  
Embassy Suites, Des Moines  
November 19-21, 2010**

Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
(Please print) Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Congregation & City: \_\_\_\_\_

T-Shirt Size (adult sizes): \_\_small \_\_medium \_\_large \_\_XL \_\_2XL \_\_3XL

Special Needs? – Please explain: \_\_\_\_\_

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Please give or send this form and payment to your Pastor or Youth Leader. Checks can be made payable to your local congregation.

**Gathering Cost: \$175  
\$90 deposit required with registration form**

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I agree to participate and cooperate in every way at the District Youth Gathering and serve as a responsible Adult Counselor for a family unit for the Gathering.

\_\_\_\_\_  
**Signature of Adult Counselor**

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NOTE: See your primary adult leader for your "family unit" assignment.



# Youth Registration Form

(Copy on *white* paper as needed)

Iowa Senior Youth Gathering  
Embassy Suites, Des Moines  
November 19-21, 2010

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Please print) Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_

Email: \_\_\_\_\_ Special health concerns? Y \_\_\_\_\_ N \_\_\_\_\_

Parent(s): \_\_\_\_\_

Home Congregation & City: \_\_\_\_\_

T-Shirt Size (adult sizes): \_\_\_small \_\_\_medium \_\_\_large \_\_\_XL \_\_\_2XL \_\_\_3XL

My Youth Gathering Adult Counselor is: \_\_\_\_\_

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Give this completed form (both sides), Covenant, and your payment to your pastor or youth leader. Make your check payable to YOUR LOCAL CONGREGATION.

**Gathering Cost: \$175**  
**\$90 deposit required with registration form**

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## Youth Commitment

I agree to participate and cooperate in every way at the Iowa Youth Gathering.

\_\_\_\_\_  
Signature of Youth

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## Parental Consent

I give my permission for my son/daughter to participate in the 2010 Iowa Youth Gathering and I have completed and signed the Health Form on the back side of this registration.

I understand that photographs and/or video/audio recordings made during this Youth Gathering may include my child, and I authorize use of such photographs or recordings at the discretion of the IDW Youth Gathering Committee and/or the IDW Youth Council.

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

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I have reviewed BOTH SIDES of this form and the Gathering Covenant and certify that they are complete.

\_\_\_\_\_  
Signature of Adult Counselor

# Health Form

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Primary Phone: ( \_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_

Family member/ friend who can be responsible for student if you cannot be reached:

Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special health conditions?  No  Yes Explain: \_\_\_\_\_

\_\_\_\_\_

Insurance Provider Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

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

Policy Holder SSN: \_\_\_\_\_ Title XIX: \_\_\_\_\_

I verify that the above medical and insurance information on my child is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of my child, and that I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize the calling of an ambulance and/or physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

I authorize release to the above insurance company any information needed to process a claim. I understand that I am financially responsible for all charges incurred.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Iowa Youth Gathering Covenant

In our baptism we are blessed with Christ's Word in our lives. At the Iowa Youth Gathering we strive to share Christ's Word with others as we live as the family of faith. In response to God's love for us, we love one another. This Gathering Covenant guides us to live in love while we celebrate and learn at this year's event.

1. I promise to participate in all Gathering activities as scheduled.
2. I will treat others with love, building each other up.
3. I will offer my respect to our leaders and to other youth. I will be respectful of the feelings of others.
4. I will give everyone and everything a fair chance, approaching each situation with a positive attitude.
5. I will be helpful to other participants and to Gathering staff.
6. I will handle conflicts in Christ-glorifying ways sharing special concerns and issues with my group leader(s).
7. I will ensure other's privacy by not entering rooms when not invited. I agree that NO COUPLES ARE TO BE ALONE IN ROOMS AT ANY TIME and I will obey that rule.
8. As a Christian citizen I will obey rules that are set by our group leader(s), the Gathering staff, and other governing authorities for my health and safety. Among those rules are:
  - a. No illegal drugs
  - b. no alcohol
  - c. no tobacco
9. I will be courteous to other hotel guests at all times. I will be in my room with the lights out by 1:00 a.m. each night.
10. I will treat the property of the hotel with care. I understand that any damages may be billed to those responsible for the damage.
11. I agree that everyone who violates this covenant will be counseled and disciplined appropriately. A major violation may result in a youth being sent home with a parent.
12. I will remember that I have a great opportunity to be a Christian witness and reflect Christ's love in my words and actions.

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In response to God's grace given in our Baptism, I promise to live by this covenant at the Iowa Youth Gathering at the Embassy Suites Hotel in Des Moines, November 19-21, 2010.

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**Signature of Youth**

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I support the Iowa Youth Gathering Covenant and I have discussed it with my child. In case of a major disciplinary issue during the Gathering, I understand that I may be asked to come and take my child home. I can be reached at:

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**Primary phone number**

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**Signature of Parent**

## Adult Leader Expectations 2010 Iowa Youth Gathering

For many adults, this youth Gathering will be your first experience taking youth to a large Gathering. It takes a lot of work to be an effective Adult Leader. But, there are great rewards in your own personal growth and in the relationships you build with your youth! Below is a list of adult leader expectations. Please take a few minutes to read through the list.

- Pray for the youth and leaders who will be attending the Gathering.
- Make necessary travel arrangements. Give the hotel phone number to all the parents of youth attending. (Downtown Des Moines Embassy Suites: 515-244-1700)
- Use the opportunity to be a Christian witness reflecting Christ's love in your words and actions.
- The Gathering expects you to be responsible for the participants who have registered under your name. Because the youth deserve your full commitment, we respectfully request that counselors make other arrangements for their underage children. Please do not bring them to the Gathering.
- The Gathering expects you to attend all Gathering events and participate with the youth.
- The Gathering expects you and your registered youth to follow the Youth Gathering Covenant.
- The Gathering expects you to encourage the youth to be good stewards by treating all property with respect. Adults should be sure to survey occupied rooms as they enter rooms and again at Sunday check out. Any issues about room damages will be minimized with adult supervision.
- The Gathering expects that each adult will attend a Counselor Orientation Session and serve one hour on Hall Monitor duty during the night.
- The Gathering expects you to explain the importance of wearing wristbands to your youth. The security personnel need the wristbands for identification.

