



So you are interested in the 30 Hour Famine?

Here is the information:

The Famine will be from Friday April 18, 2008 at 12:00 noon to Saturday night at 6:00PM Dinner at the Church. You will go to the church after school about 5:00, sign in and join the group. We will have hunger studies, hunger games, and just hang out fun on Friday night.

Saturday, we will go to a common place in Hagerstown and meet with all the students doing the famine. We will have presentations from hunger groups like ONE and Bread for the World. We will also have games and other activities in the big group. Then we will return to the church and have a fast-breaking pot luck dinner.

Who is hosting the Famine?

Lutheran Churches in the area will host the Famine for the different High Schools Students. You can go to whatever church you want but you must let them know as soon as you can.

In Boonsboro:

Trinity Lutheran Church
64 SW. Main St.
Boonsboro, MD 21713
(301) 432-2226

Mt. Zion Lutheran Church
20214 North Locust Grove Road
Rohrersville, MD 21779
(301)432-0459

Clear Spring:

St. Peter's Lutheran Church
30 S. Main St.
Clear Spring, MD 21722
(301) 842-2505

Hagerstown:

Haven Lutheran Church
1035 Haven Rd.
Hagerstown, MD 21742
(301) 733-5056

St. John's Lutheran Church
141 S. Potomac Street
Hagerstown, MD 21740
(301) 790-2510

St. Marks Lutheran Church
601 Washington Ave
Hagerstown, MD 21740
(301) 733-7550

Trinity Lutheran Church
15 Randolph Ave.
Hagerstown, MD 21740
(301) 733-2878

Smithsburg:

Trinity Lutheran Church
15 N. Main St.
Smithsburg, MD 21783
(301) 824-7460

Williamsport:

Zion Lutheran Church
35 W. Potomac St.
Williamsport, MD 21795
(301) 223-7260

Will I need to collect money?

We are asking a donation for each student of \$20.00 to cover costs. In addition you will be given a sheet to collect donations from friends and neighbors. The sheet will show your friends and neighbors that you are doing something about hunger. We request that people sponsor you for each hour that you are hungry. They can pledge 50 cents per hour or \$1 per hour or \$100 per hour (WOW, pretty generous). All proceeds will go to World Vision and to fight world hunger.

What will I need to Sign Up?

You will need to fill out the form below and send it by e-mail to the place on the bottom of the form. Then you will need to sign a covenant and provide a

completed Permission/Medical Release Form and bring both of them along with you to the Famine along with your \$20.00 and all the money you have collected for world hunger. You or your parents need to make a pot luck dish for (6 or more) the pot luck meal which they (and your whole family) are invited to. We will need to get dinner reservations when you arrive on Friday.

Registration Deadline: April 2, 2008, so hurry up!

What should I bring?

Sleeping bag and sleeping stuff (blanket and/or air mattress), a change of clothes, toiletries, towel, and pillow. You may bring your favorite movie to share.

What should I not bring?

Food, illegal drugs, alcohol. We ask you to keep your electronic devices to a minimum because we will be doing group activities most of the time.

Can my friends come?

Do they care about hunger? Well then they can come participate. You or your friends do not have to be Lutheran. Just come with a willingness to do something to fight world hunger because it is nasty.

Keep In Mind:

This is a wonderfully instructive and fun way to raise the awareness and some money for world hunger. So come with a great attitude and do something for someone—stand up and don't eat for those that do not have food.

For More information: Contact: Pastor Gerry Johnson 301-824-7460 or at PG@myactv.net

Bring a Friend!

**Washington County ELCA Church's
30 Hour Famine
April 18-19, 2008**

Sign Up Information Form(E-mail back to us pg@myactv.net)

Name:

Age:

Grade:

High School:

Your Address:

City:

Zip:

Phone no:

Parent's names:

Parent's phone:

Your E-mail:

What church do you want to go to?

I am able to skip three meals and not eat (just drink water and juice) for 30 hours?

Yes/No

Do you have any Allergies and other medical information that we should know,
including medications:

In the event of an emergency, who should we contact?

Names

Phone Numbers

Health Insurance Company:

Policy Number:

Member's Full Name:

**Washington County ELCA Church's
30 Hour Famine
April 18-19, 2008
Covenant Form (Bring Frinday night)**

I have willingly chosen to participate in Washington County ELCA Church's 30 Hour Famine. As a participant, I will:

- ❖ Participate whole-heartedly and enthusiastically in all the activities planned for our group
- ❖ Act in a respectful manner, have a positive attitude, and use appropriate language for a church event.
- ❖ Speak up when I have a problem, need or concern.
- ❖ Listen/Respond to the needs of others.
- ❖ Follow the guidance of the adult leadership.
- ❖ Respect other's property or rights, and abiding by the house rules.
- ❖ Will not engage in any sexual contact.
- ❖ Will not use any illegal substances (alcohol or drugs).
- ❖ Will not leave the event at any time without an adult leader present.
- ❖ Encouraging others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in my being sent home.

Participant's signature

Date

Permission/Medical Release

I/We, the undersigned parents, give permission for my/our son/daughter to participate in Washington County ELCA Lutheran Church's 30 Hour Famine. I/We are aware of and approve of the planned costs, dates, places and activities of these events. I/We understand the degree of risk (if any) involved in these events and because I/we trust the adult supervision and my/our son/daughter, I/we hereby release any and all of the Washington County ELCA Lutheran Church's and 30 Hour Famine and the adult leadership from liability for any injury or problem occurring during participation in these events. I/We also give permission to have and will accept financial responsibility for my/our son/daughter to be examined and treated by a qualified physician in case of emergency. I/We understand that I/we will be contacted as soon as possible concerning any medical or behavioral problem with my/our child during these activities.

Parent's Signature _____ **Date** _____

