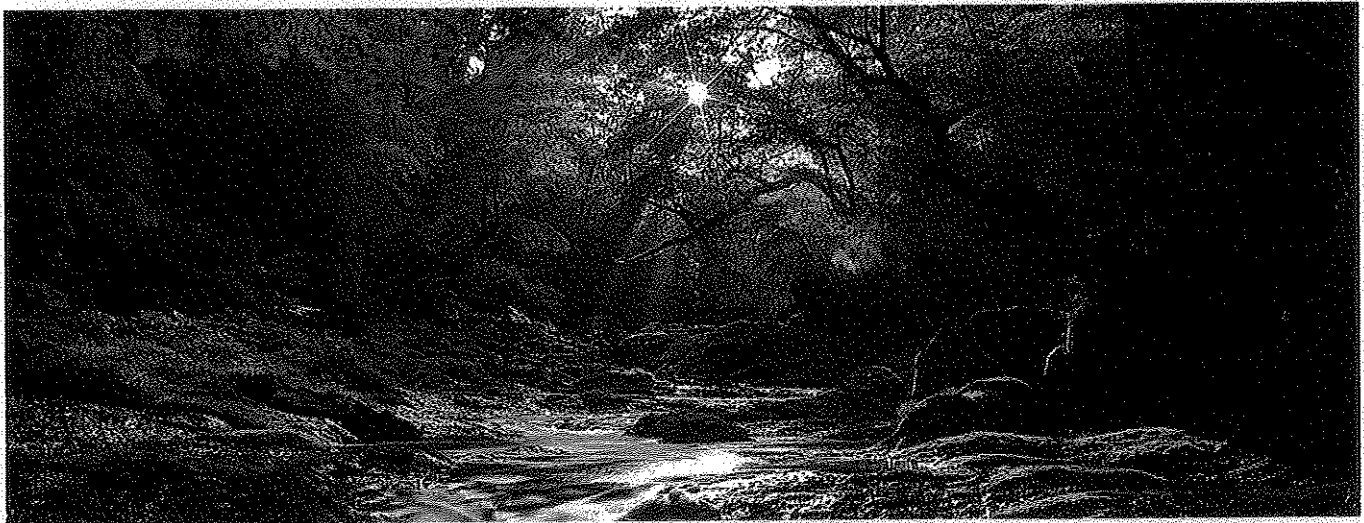
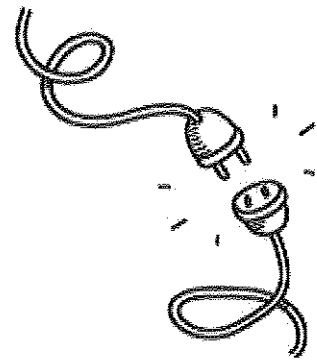


NAPF/HOPE 2019



*Be still,
and know that*
I AM GOD.
PSALM 46:10



June 23rd-28th

\$450

Mohican Outdoor School

In today's day and age, amongst the hustle and bustle and constant barrage of everyday life we can easily lose ourselves. The way back is to unplug, Be Still, and re-center yourself with God.

This year we are SO EXCITED to announce we will be going to camp! Activities will include team building, worship time, speakers, & mission work. So get ready for camp fires and S'mores!
We'll see you in Ohio!!



@NAPFHOPE
#NAPFHOPE2019

CODE OF CONDUCT FOR NAPF – HOPE PARTICIPANTS AND LEADERS

Foundationally, there is an expectation that all actions and statements by all who are involved in NAPF – HOPE in any capacity will show respect for God, respect for others, respect for property, and respect for self. Further, that all participant's words and actions will reflect the two Great Commandments given by Jesus the Christ: Love God with all your heart, soul, and mind and Love your neighbor as yourself.

To be more specific: *the activities outlined below are strictly prohibited.* Any participant or leader who violates this Code is subject to discipline, up to and including removal from the conference. If a participant or leader must be removed from the conference due to inappropriate actions or comments and has received a scholarship, the scholarship will be revoked, and full payment for the conference must be made by the participant.

PROHIBITED BEHAVIORS:

- Abusive language towards another participant or leader.
- Possession or use of alcoholic beverages or illegal drugs during the NAPF – HOPE CONFERENCE.
- Bringing dangerous or unauthorized materials such as explosives, firearms, weapons, or other similar items to the conference.
- Discourtesy or rudeness to a fellow participant or leader.
- Verbal, physical, or visual harassment of another participant or leader.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health, or well-being of others.
- Bullying or taking unfair advantage of any participant.
- Failing to cooperate with the leadership of NAPF – HOPE.

NOTE: *Harassment, intimidation, or bullying can take many forms including: slurs, rumors, jokes, innuendoes, demeaning comments, drawing cartoons, pranks, gestures, physical attacks, threats, or other written, oral, or physical actions.*

I have read, and I understand the details of this Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules, and, if I have received a scholarship and been removed from the conference, the scholarship will be revoked and full payment for the conference must be made to the NACCC.

Printed Name of Participant: _____

Signature of Participant: _____

Date _____

If under 18 years old,

Printed Name of Parent: _____

Signature of Parent: _____

Date _____

REPORTING POLICY OF INCIDENTS

Should any violation of this code be observed, it should be reported to one of the adult leadership. That leader should take appropriate action to address the situation, which may include involving another adult leader in talking with those involved.

The leader should make a written report of the incident and the resolution of it. This should be signed by all parties and dated. If there is a serious breach of conduct resulting in the removal of a participant, the adult leader should contact the Executive Director of the NACCC to report on the incident. All written reports of conduct issues should be sent to the Oak Creek office as soon as the NAPF-HOPE conference concludes.

Registration Form

N.A.P.F. - H.O.P.E.

Ohio ~ June 23rd-June 28th, 2019 (Sunday to Friday)

(A separate form must be filled out for each individual. Additional forms may be obtained from the NACCC Website (naccc.org) or you may duplicate this one.) **Important:** Please print all information legibly.

I am registering for:

(Circle one)

N.A.P.F.

or

H.O.P.E.

Completed Grade 8 through 12

Graduated high school until the age of 27

I am registering as: NAPF Youth _____ NAPF Counselor _____ HOPE _____ CYM member _____

Last Name _____ First Name _____ MI _____ Name to appear on name-tag _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Youth E-Mail Address _____

Cell number while traveling/at conference: () _____

Age _____ Birth Date ____/____/____ Sex: M ____ F ____ T-Shirt Size S M L XL XXL
(Circle one)

Circle grade to be **completed** in 2018 (N.A.P.F. registrants only): 8th 9th 10th 11th 12th

Church _____ City _____ State _____

(Please Note: To attend N.A.P.F. you must have completed 8th Grade. Graduating Seniors may attend either N.A.P.F. or H.O.P.E.)

I will be: Driving _____ Flying _____ (complete information box below) Traveling with my Church Group in a Van/Bus _____

I will be traveling with the _____ (Church, state, or regional group)

Included with this form _____ \$450.00 (\$250 deposit due by March 15, 2019. (Balance due May 15, 2019)

_____ \$550.00 (Fee after May 15, 2019. Due no later than June 10, 2019)

I agree to abide by the rules and regulations below and to participate in the N.A.P.F. and H.O.P.E. programs and cooperate with the leadership of the conference.

Signature _____ Date _____
(Registrant)

Signature _____ Date _____
(Parent or Guardian if under 18)

Signature _____ Date _____
(Minister/Youth Director - **Signature Required**)

Conference Fee: A Minimum **\$250.00** deposit of \$450 and Registration Form due in the NACCC Office by **March 15, 2019.**

The balance of the registration fee (\$200.00) will be due on May 15, 2019

Late Registration of **\$550.00** will be charged for any registration postmarked **after May 15, 2019.**

Space is limited – if registration is received after May 15, 2019 there is no guarantee your registration can be honored.

Absence of any required signature will void this registration.

Scholarships are available – please check the NACCC website: (NACCC.org)

Scholarship deadline is March 15, 2019

REGISTRATION FEE MUST ACCOMPANY THIS FORM (Over)

N.A.P.F. and H.O.P.E. Rules and Regulations

ATTENDANCE: You are not to leave the conference site. Extenuating circumstances may allow variations from the Directors only. Individuals with extenuating circumstances may contact Directors. You are expected to participate fully in all aspects of the N.A.P.F. or H.O.P.E. program and to respect the regulations and property of the host institution.

DRESS: No bare feet in the dining room or around campus. Please wear appropriate casual attire for a Christian conference. Shirts or T-shirts are always to be worn. Modest bathing suits required (one piece or tankini style for females). **SMOKING:** Permitted only in designated areas in accordance with the host institution's policy and laws of the state. **ALCOHOL:** Possession or use of any alcoholic beverages is forbidden. **DRUGS:** Except for individual medical prescriptions, the possession or use of drugs is forbidden. **AUTOS:** Not to be used during the conference.

Infractions of the above will be subjected to review by a disciplinary committee and may result in dismissal from the conference at parents' or registrants' expense.

PUBLICITY RELEASE: By signing this registration form the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers and internet web site information and social media.

Conference fee includes lodging, meals, and all program costs. Registration deposits are non-refundable but are transferrable.

IMPORTANT MEDICAL and DIETARY INFORMATION

Failure to supply any of the following information may result in our inability to assist the registrant according to their medical needs:
1. Is the registrant in good health and able to participate in all normal activities? YES NO

If **no**, please attach a statement indicating limitations.

2. Has the registrant ever received counseling or been treated for an emotional disorder? YES NO

If **yes**, please attach a statement of explanation (information is given to Directors only)

3. Date of last physical exam _____ Date of last Tetanus shot _____

4. Operations or serious injuries within the last 3 years: _____

5. Does the registrant experience/suffer from/react to: Allergies, fainting, flushing, itching, swelling, nausea, vomiting, shortness of breath, anaphylactic shock, asthma, diabetes, epilepsy, sulfa, hay fever, bee sting, tetanus, penicillin, etc?

Please describe: _____

6. Please list and explain all medication presently prescribed and its use:

7. Any Drug/Environmental Allergies? _____

8. May youth take over the counter pain reliever if needed for headaches or pain? YES NO

9. Does the registrant request vegetarian meals? YES NO

10. Please list any other dietary restrictions: _____

IN CASE OF EMERGENCY CONTACT

Name _____	Phone Number _____
Relationship _____	Dr.'s Name _____
Dr.'s Phone Number _____	Insurance Company _____
Policy # _____	Group # _____

In case of medical emergency, I understand that every effort will be made to contact the "emergency contact" listed above. In the event that they cannot be reached, I hereby give my permission to the physician selected by the conference directors to hospitalize, secure proper treatment, and order injection, anesthetic, or surgery.

Signature of Registrant _____ Date _____

Signature _____ Date _____
(Parent or Guardian if under 18)

Register online at www.naccc.org or return this Registration Form with appropriate Fee March 15, 2019
Make Checks Payable to **NACCC** Mail to: N.A.P.F.-H.O.P.E., NACCC, P.O. Box 288, Oak Creek, WI 53154-0288
Absence of any required signature will void this registration.

NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES

GUIDELINES FOR SCHOLARSHIPS FOR NAPF/ HOPE MISSION TRIP

GENERAL NAPF AND HOPE SCHOLARSHIP

The NACCC NAPF/HOPE Task Team has scholarships available to provide assistance to reduce the cost of the registration to the NACCC annual youth conference NAPF or HOPE. These include one (1) full scholarship and as many partial scholarships as deemed appropriate from available funds in a given year. The purpose of this fund shall be to provide financial assistance to anyone wishing to attend NAPF or HOPE and who have shown outstanding development in any or all of the following areas:

1. Christian character
2. Participation in local church youth programs
3. Community service

Scholarship applications shall be available to all who are affiliated with a church that maintains membership in the National Association of Congregational Christian Churches. Scholarships will be granted each year after deliberations by selected members of the NAPF/ HOPE Mission Trip Task Team.

LEVI MATTHEW PUTNAM MEMORIAL DAY SCHOLARSHIP

A special scholarship in conjunction with the National Association of Congregational Christian Churches NAPF/HOPE Mission Trip and the Memorial Day Friends group is being set up to provide full-payment of one (1) registration to the NACCC annual youth conference NAPF or HOPE. The Memorial Day Friends group is comprised of several past members of NAPF and HOPE. This scholarship is named in memory of Levi Matthew Putnam, infant son of members of this group who passed away in 2013. The purpose of this fund shall be to provide assistance to anyone wishing to attend NAPF or HOPE who has financial need and demonstrates outstanding:

1. Christian character
2. Participation in local church youth programs
3. Community service

Scholarship applications shall be available to all who are affiliated with a church that maintains membership in the National Association of Congregational Christian Churches. Scholarships will be granted each year after deliberations by a committee composed of the following:

- 1 or 2 members of the NACCC - NAPF/HOPE Task Team
- 1 member of the Memorial Day Friends group (selected by the Memorial Day Friends)

Please mail your scholarship application to:

Melissa Eriksen
7364 Legacy Place
Rancho Cucamonga, CA 91730

June 2019 Ohio conference scholarship deadline is March 15, 2019

NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES
NAPF/HOPE

SCHOLARSHIP FUND APPLICATION

PLEASE PRINT

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Member Church _____

Church address and phone _____

Church involvement – Please describe your past and current involvement in a local church.

Community involvement – Please describe any areas of community service in which you have participated in the past year.

Please briefly explain the limitations you, your family or church face in funding your attendance at this conference.

Please write an essay of 1000 words or less about what NAPF and HOPE means to you and why you feel you should receive an NAPF and HOPE scholarship. Please attach to application.

Signature of Applicant

Date

Signature of Minister

Date

Absence of any signatures will void this scholarship application