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OHIO BAPTIST GENERAL CONVENTION  
WOMEN'S AUXILLARY PRESENTS

# Hattie Jackson Guild Retreat

(Guilds, Children Band, Young Davids & Trailblazers)



**Theme:**  
You Will Never Walk Alone

June 4th, 2022 8:45 A.M.-4 P.M.  
MT ENON M.B. CHURCH  
DAYTON, OHIO

**Register today at [bit.ly/RetreatJune4](https://bit.ly/RetreatJune4) or send an email to Beatrice Heflin at [hattiejacksonguild@gmail.com](mailto:hattiejacksonguild@gmail.com) for a copy of the registration form.**

Sister Diane Adams, Guild Girl's Superintendent  
Brother Ben McDay, Young David's Superintendent  
Sister W. Jean Lark, President of Women's Auxillary  
Rev. Samuel N Winston Jr, OBGC President



# OBGC HATTIE JACKSON GUILD RETREAT REGISTRATION (GUILDS, CHILDREN BAND, YOUNG DAVIDS & TRAILBLAZERS)

THE 86<sup>th</sup> ANNUAL RETREAT FOR GUILDS, CHILDREN BAND, YOUNG DAVIDS AND TRAILBLAZERS WILL BE HELD AT MT. ENON M.B. CHURCH, DAYTON, OHIO  
**ONE DAY RETREAT - JUNE 4, 2022**

**PLEASE COMPLETE AND PRINT CLEARLY WITH BLACK OR BLUE INK**

NAME: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(FIRST) (MI) (LAST NAME)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SEX: (F)\_\_\_ (M)\_\_\_ AGE: \_\_\_ FIRST TIME ATTENDING: Y\_\_\_ N\_\_\_

COUNSELOR/ADVISOR NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

(Must Have)

CHURCH NAME: \_\_\_\_\_

CHURCH PHONE# (\_\_\_\_) \_\_\_\_\_ PASTOR SIG: \_\_\_\_\_

(Must Have)

DISTRICT: (E) \_\_\_ (N) \_\_\_ (NW) \_\_\_ (P) \_\_\_ (W) \_\_\_ COUNSELOR/ADVISOR SIG: \_\_\_\_\_

(Must Have)

**PLEASE CHECK THE APPROPRIATE SPACE**

CHECK THE GRADE YOU WILL ENTER IN **SEPTEMBER, 2022-2023 SCHOOL YEAR:**

- PRE-SCH     1<sup>ST</sup>     2<sup>ND</sup>     3<sup>RD</sup>     4<sup>TH</sup>     5<sup>TH</sup>     6<sup>TH</sup>  
 7<sup>TH</sup>     8<sup>TH</sup>     9<sup>TH</sup>     10<sup>TH</sup>     11<sup>TH</sup>     12<sup>TH</sup>     COLLEGE

CHECK THE APPROPRIATE CATEGORY:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> CHILDREN BAND (5-11 YRS)     | <input type="checkbox"/> CHILDREN BAND COUNSELOR  | <input type="checkbox"/> MINISTER     |
| <input type="checkbox"/> GUILD (12-18 YRS)            | <input type="checkbox"/> GUILD COUNSELOR/TRAINING | <input type="checkbox"/> TRAILBLAZER  |
| <input type="checkbox"/> YOUNG DAVID (12-18 YRS)      | <input type="checkbox"/> YOUNG DAVID COUNSELOR    | <input type="checkbox"/> INSTRUCTOR   |
| <input type="checkbox"/> YOUNG ADULT (HS GRADUATE UP) | <input type="checkbox"/> NURSE                    | <input type="checkbox"/> OTHERS _____ |

THE ARRIVAL FELLOWSHIP AND CONTINENTAL BREAKFAST TIME IS 8:45A.M. UNTIL 9:10 A.M. GENERAL ASSEMBLY TIME IS 9:15 A.M. (EVERYONE MUST ATTEND THE GENERAL ASSEMBLY- NO EXPCPTIONS)

**NO PERSONAL CHECKS WILL BE ACCEPTED. IT MUST BE MONEY ORDER OR CHURCH CHECK ONLY.**

THE COST IS \$25.00 FOR EVERYBODY. (CHILDREN BAND, GUILD, YOUNG DAVIDS, TRAILBLAZERS & OTHERS)

EVERYONE MUST REGISTER. **MONEY ORDERS AND CHURCH CHECK** MUST BE MADE PAYABLE TO THE OHIO BAPTIST GENERAL CONVENTION INC. WRITE "WOMEN AUXILLIARY" IN THE MEMO SECTION  
**SEND ALL MONEY ORDER OR CHURCH CHECK AND A COPY OF REGISTRATION FORM TO:**

TO: OBGC WOMEN'S AUXILLARY c/o

**Rev. Norman Bradfield 1444 Darst Ave. Dayton, Ohio 45403**

COMPLETE REGISTRATION ONLINE AT [bit.ly/RetreatForm2022](http://bit.ly/RetreatForm2022) OR

MAIL REGISTRATION TO: OBGC WOMEN'S AUXILLARY

**ATTN: SIS. BEATRICE HEFLIN 2612 CHURCHLAND AVE. DAYTON, OHIO 45406**

REGISTRATION DEADLINE IS **MAY 4, 2022**. YOU MUST BE REGISTERED TO ATTEND THE RETREAT. NO REFUNDS WILL BE GRANTED UNDER ANY CIRCUMSTANCES. MEDICAL AUTHORIZATION MUST BE COMPLETED BY EACH PERSON. IF YOU HAVE ANY QUESTIONS CALL DIANE ADAMS, SUPT. at 937-238-0078 (Cell), OR MICHAEL MICHELLE JOHNSON, ASST. SUPT. at 513-218-1278 (Cell).

# MEDICAL EMERGENCY FORM

NAME: \_\_\_\_\_  
(FIRST NAME) (MI) (LAST NAME)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COUNSELOR/ADVISOR NAME \_\_\_\_\_

PHONE#: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Must Have)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE \_\_\_\_\_

COVID VACCINATION: YES \_\_\_\_ NO \_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE NO :(\_\_\_\_) \_\_\_\_\_

FAMILY SPECIALIST: \_\_\_\_\_ PHONE NO :(\_\_\_\_) \_\_\_\_\_

ARE YOU ALLERGIC TO ANY FOODS OR MEDICINES? YES \_\_\_\_ NO \_\_\_\_ IF YES PLEASE LIST

ARE YOU PRESENTLY TAKING ANY MEDICATIONS? YES \_\_\_\_ NO \_\_\_\_ IF YES PLEASE LIST:

PLEASE CHECK IF YOU HAVE OR HAD ANY OF THESE CONDITIONS:

ASTHMA  HEART ATTACK  HYPERTENSION  PEPTIC ULCER  STROKE

POSITIVE HIV  DIABETES  HEART DISEASE

OTHER \_\_\_\_\_

## EMERGENCY NOTIFICATION

IN CASE OF ILLNESS, NOTIFY: (PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ REALTIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

**PURPOSE:** TO AUHORIZE EMERGENCY TREATMENT IF YOUR CHILD IS INJURED OR BECOMES ILL REQUIRING MEDICAL TREATMENT. THIS AUTHORIZATION DOESN'T COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICANS. CONCURRING THE NECESSITY OF SUCH SURGERY, ARE OBTAINED BEFORE SURGERY IS PERFORMED.

I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT AT ANY HOSPITAL REASONABLE ACCESSIBLE. KNOWN ALLERGIES AND ANY OTHER MEDICAL INFORMATION IS LISTED ON THE BACK OF THIS FORM.

PARENT(S)/GUARDIAN SIG. \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

GUILD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

(OVER EIGHTEEN)

**THIS FORM MUST BE COMPLETED BY ALL ATTENDEES**