

# **Mission Viejo Stake - Mini MTC**

*January 13<sup>th</sup>-14<sup>th</sup> 2017*

## **Packing List**

### **Items to Bring:**

- YM - Missionary clothes: white shirt (2 - wear one Friday, bring one for Saturday), tie (1 or 2), dress pants, suit jacket (if you have one), dress socks and dress shoes.
- YW – Missionary clothes: modest dress (2 - wear one Friday, one for Saturday) and Sunday shoes
- Sleeping bag and Pillow
- Pajamas
- Jacket
- Bathroom necessities: toothbrush, toothpaste, comb, shampoo, soap, razor, medication, towel, deodorant, etc.
- Scriptures (paper version).
- PREACH MY GOSPEL.
- Journal.
- Writing Pens and/or pencils
- Scripture marking pen/pencil

\*\*All participants will need to fill out a parent permission slip for this event (see next page).

### **Please do not bring:**

- Please, no hats, stereos, iPads or PDAs, or other literature.
- Cell phones – You will be asked to turn them off during all training sessions and combined meetings.

**Parental or Guardian Permission and Medical Release**

|                                  |               |                           |
|----------------------------------|---------------|---------------------------|
| Activity                         |               | Date                      |
| Ward                             | Stake         |                           |
| Participant                      | Date of birth | Home telephone number     |
| Participant's parent or guardian |               | Business telephone number |
| Address                          | City          | State/Province            |

**Medical Information**

Does the participant have any of the following:

- Special diet  
  Allergies  
  Medication  
  Chronic/Recurring illness  
  Surgery or a serious illness in the past year  
  Physical conditions that limit activity

If yes, explain below. Use back if more space is needed.

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I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

|                                |      |
|--------------------------------|------|
| Parent or guardian's signature | Date |
|--------------------------------|------|

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