



June 23-27, 2010
Bennett College
Greensboro, North Carolina

Fellowship!
Dance! Song!
Fun! Food!
Spirit-Filled Worship!
Guest Speakers!

HARAMBEE is a Youth Conference planned by the HARAMBEE Planning Committee under the guidance of the executive board of the Southeastern Jurisdiction Black Methodists for Church Renewal, Inc. It is for rising 7th graders through 2010 high school graduates (ages 12-18) and adult workers with youth. ***Due to insurance coverage concerns, no persons under the age of 12 are allowed.***

The conference is held annually to help youth develop their spiritual, leadership and interpersonal skills. In doing so, youth will begin to develop relationships, connect with each other and learn how to bridge the gap from generation to generation. The conference will also help youth, as well as adults, explore what it really means to pull together and work together in Christian love.

During Youth HARAMBEE, there will be time to work, pray, sing, fellowship and build meaningful relationships with God and each other.

PRESENTED BY

SOUTHEASTERN JURISDICTION BLACK METHODISTS FOR CHURCH RENEWAL, INC.

Alabama-West Florida | Florida | Holston | Kentucky | North Alabama | North Carolina | North Georgia | Memphis
Mississippi | Red Bird | South Carolina | South Georgia | Tennessee | Virginia | Western North Carolina

Claim the Name

“...then make my joy complete by being like-minded, having the same love, being one in spirit and purpose.”
Philippians 2:2 (NIV)

Wednesday, June 23

12:00 - 5:00 Registration
5:00 - 6:30 Dinner
7:30 - 9:30 Opening Celebration
9:45 -10:30 Reception
10:45 -11:30 “Claim the Name” Time
12:00 Curfew

Thursday, June 24

7:00 - 8:30 Breakfast
9:00 - 9:30 Praise & Worship
9:45 -12:00 “Claiming” Time
12:15 - 2:00 Lunch
2:15 - 3:15 “Claiming” Time
3:30 - 5:00 Free Time
5:00 - 6:30 Dinner
7:00 -10:30 Why BMCR/Games
10:45 -11:30 “Claim the Name” Time
12:00 Curfew

Friday, June 25

7:00 - 8:30 Breakfast
8:45 - 9:10 Praise & Worship
9:15 - 5:30 Fun Day
7:00 - 9:30 Black College Fund
10:45 -11:30 “Claim the Name” Time
12:00 Curfew

Saturday, June 26

7:00 - 8:30 Breakfast
9:00 - 9:30 Praise & Worship
10:00 -11:45 “Claiming” Time
12:00 - 2:00 Lunch
2:15 - 6:00 Projects/Organize Games
7:30 -11:15 Harambee Awards/Dance
11:30 -12:00 “Claim the Name” Time
12:15 Curfew

Sunday, June 27

7:00 - 8:30 Breakfast
8:30 - 9:15 Early Checkout
9:30 -11:00 Closing Worship
11:00 -12:00 Checkout

**Schedule is tentative
and subject to change**

Bring It! Stuff You Need + \$5

Come with an open mind and loving heart. Bring: **Bibles**, personal toiletries, bed linens or sleeping bag, pillow, towels, shower shoes, casual clothes, swimwear and dress clothes for the Harambee Academy. In addition, please bring \$5 for missions.

Wear It! Name Badges & Wrist I.D.s

You must wear your name badge and wrist I.D. at all times. It is your identification for all conference activities, including meals, workshops and on/off campus activities.

Commit to It! Covenant Agreement

The HARAMBEE Youth Conference is a community of persons coming together to experience relationships in a diverse group of youth and adults. We are bound together as a family, seeking first the good of each other. Therefore you are asked to enter into a covenant agreement. After you have read the covenant and understand the covenant, your signature and your parent/guardian's signature are needed. The signed covenant should be returned with your registration form/medical form.

Don't Do It! Ain't Misbehavin'

The United Methodist Church does not condone the use of alcohol or illegal substances, nor will acts of disorderly, rude or inappropriate behavior be tolerated. Youth found in violation of using or possessing illegal substances will be sent home at their parents'/guardians' expense (**NO EXCEPTIONS**). No refunds will be issued. Youth who are not a part of the conference will not be allowed into conference activities without express permission of the SEJ BMCR Harambee coordinator and the Harambee committee. Youth leaders/counselors are responsible for their youth and must enforce the curfew, as well as the rules and regulations of the conference.

Send Them! Youth Leaders & Counselors

To ensure we experience a great conference, we are asking each youth group to send 1 adult for 1-5 youth, 2 adults for 6-10 youth, 3 adults for 11-15 youth, etc. Minimum age for adult counselors is 21.

Stay There! Housing

All HARAMBEE participants will be housed on campus in dormitories. Adult supervision and security will constantly monitor the area to ensure the participants are safe. Counselors—please send a rooming list with participant registration forms.

Don't Lose 'Em! Keys

Each conference participant will be given a key to his/her room. The replacement fee for a lost key is \$25. In the event of a lost key, the Harambee staff must collect the replacement fee from participant or their adult counselor by the end of the conference. Each youth and adult must pay a \$25 key deposit in cash upon receiving a key, which will be refunded when the key is returned at the end of the conference. This \$25 fee is **NOT** included in the \$280 registration fee.

Watching Over You! Security

Security personnel will be available throughout the conference. If you have a problem, do not hesitate to ask for assistance. However, if you are misbehavin', **WATCH OUT!**

Caring for You! Emergencies

A nurse will be on duty in case of emergencies or illness. Please make sure we are aware of any special needs.

Keepin' in Touch! Emergency Contact Numbers

We will provide an emergency contact number in your confirmation letter. Parents, be sure to have a number for your group's counselor(s).

Show Me the Money! Cost

Full registration fee (\$280) due with registration form by May 31. Refundable \$25 key deposit due on-site at registration. This fee covers lodging from Wednesday through Saturday nights, and meals from Wednesday (dinner) through Sunday (breakfast), programs and activities both on and off campus.

✿ THERE IS NO ON-SITE REGISTRATION ✿

Registration Deadline Information

Each participant should ensure that the appropriate people sign the registration form, medical form and covenant. All forms must be complete. Mail all forms to the Registrar (listed on the registration form) by the deadline, **May 31, 2010**. No registrations accepted after May 31. Cancellations accepted in writing only: You must e-mail the Registrar, Angela.Lanier@covance.com **AND** Coordinator, Hra124@aol.com to cancel. Refunds: \$200 on cancellations received by May 31; \$100 on cancellations received between June 1-7. No refunds after June 7. Refunds will be mailed after the conference ends – no exceptions.

SEJ BMCR, Inc. Harambee
MEDICAL RECORD AND AUTHORIZATION TO
CONSENT TO PROVIDE MEDICAL TREATMENT

Full Name _____

Participant's Doctor _____

Doctor's Ph. (_____) _____

Doctor's Address (City/State/Zip) _____

Emergency Contact #1 _____

Relationship _____

Day Ph. (_____) _____ Evening Ph. (_____) _____

Emergency Contact #2 _____

Relationship _____

Day Ph. (_____) _____ Evening Ph. (_____) _____

Insurance Co. _____

Name on Policy _____

Relationship _____

Policy # _____

ATTACH COPY OF INSURANCE CARD

Special Medical or Dietary Needs _____

Known Allergies _____

Limitations _____

All current medications _____

Other possible medications _____

Are you subject to: Asthma Convulsions Diabetes Fainting
 Heart Trouble Hyperventilation Sports Restrictions Other _____

Please describe special accommodations or accessibility needs:

MEDICAL TREATMENT RELEASE AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my child,

_____ to attend the Harambee Youth Conference. In order that my child may receive the necessary medical treatment in case of injury or illness, I hereby authorize the event staff to obtain and consent to medical treatment for my child for such injury or illness during the event, and I hereby hold the event staff, THE SOUTHEASTERN JURISDICTION BMCR, INC., officers, assistants and youth coordinator, and their representatives, harmless in the exercise of this authority.

I further acknowledge and understand that by participating in the Youth HARAMBEE Conference, there is a possibility of physical illness or injury and that my child is assuming the risk for such illness or injury by his/her participation. It is my understanding that payment of any medical bills will be paid by me or by my insurance company.

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

SEJ BMCR, Inc. Harambee
REGISTRATION FORM • PLEASE PRINT OR TYPE

Full Name _____

Name you go by _____

Address _____

City/State/Zip _____

E-mail Address _____

Home Ph. (_____) _____ Fax (_____) _____

Church _____

Conference _____

Youth Adult College Male Female Age _____

Date of Birth _____ Grade Completed Summer 2010 _____

T-Shirt Size (circle one) M L XL XXL XXXL (\$2 extra)

Parents/Guardians: Please ensure that T-shirt size is not too small or too big.

I want to participate in the following special conference workshop (select one):

Liturgical Arts (Dance, Visual Arts) Music (Choral, Instrumental)

I would like to room with:

Name _____ Church _____

Have you ever attended a Harambee Youth Conference? Yes No

Statement of Pastor or Youth Coordinator:

I recommend this youth as a participant in the **2010 SEJ BMCR HARAMBEE** event.

I have known this youth for _____ years _____ months.

Printed Name of Pastor/Youth Coordinator _____

Signature of Pastor/Youth Coordinator _____

Date _____

Read carefully. Mark all that apply:

Housing & Meals: Yes! I will attend HARAMBEE and enclose \$ 280* \$ _____

Extra Cost for XXXL T-Shirt \$ 2* \$ _____

TOTAL \$ _____

*The registration fee includes housing, meals, program fee, and activities fee. **Only certified check or money order will be accepted for payment. Make certified check or money order payable to SEJ BMCR Harambee.** Mail check, registration form medical form and covenant agreement to the registrar:

Angela Lanier, Registrar | Angela.Lanier@covance.com
2304 Hockett Drive, Nashville, TN 37218, 615-969-9114

FOR OFFICE USE ONLY

Date received: _____ Amount received: _____

Date postmarked: _____

Medical form complete? Yes No Covenant complete? Yes No

Method of payment: Cash Check/Check No. _____

Pd. by: _____