

Official Call

from Ms. Janis Edwards, Conference Secretary

Spring Meeting 2010

Pennsylvania Southeast Conference of the United Church of Christ

A Praying Community

Everyone is invited and encouraged to **bring the whole family**. Our keynote speaker, **Rev. Kate Huey**, Minister of Covenantal Stewardship in Local Church Ministries, UCC, will open us to new ways of being a praying community, followed by a **dozen workshops**—some intergenerational —on prayer.

There will be a **special Youth Event** for ages 13-18 and their adult mentors, beginning Friday evening and continuing with Saturday's Conference Meeting events. There will be activities and workshops for ages 6 through 12. **Childcare** for children up to 5 years of age will be provided. We will complete a **service project** and have **time to mingle**.



It's New

It's Different

One Day

Saturday, April 24, 9:30 AM

(Registration at 8:30 AM)

New Location

Trinity Evangelical Lutheran Church

1000 West Main Street
Lansdale, PA 19446-1998

Come Join Us!

On-line registration and additional information will be available at the end of January.

PENNSYLVANIA SOUTHEAST CONFERENCE OF THE UNITED CHURCH OF CHRIST
505 SOUTH SECOND AVENUE, PO BOX 26400, COLLEGEVILLE, PA 19426-0400
TEL 610.489.2056 FAX 610.489.4058 WEB www.psec.org EMAIL ucc@psec.org
F. RUSSELL MITMAN, CONFERENCE MINISTER mitman@psec.org



January 15, 2010

Friends in Christ,

This is the Official Call to the 2010 Spring Meeting of the Pennsylvania Southeast Conference of the United Church of Christ. Please note that this is a one-day gathering at Trinity Evangelical Lutheran Church, Lansdale, on Saturday, April 24. This is an intergenerational event. Everyone is invited and encouraged to bring the whole family. There will be something for everyone. The theme will be "A Praying Community."

Each church is expected to be represented by their clergy, two adult delegates and a youth delegate (3 adult delegates for churches with membership over 800). Visitors, students-in-care, and adult and youth guests are cordially invited and encouraged to attend.

There will be a special Spring Youth Event, beginning Friday evening and continuing with Saturday's Conference meeting events. The Youth Event is open to Jr. High and Sr. High students (13-18) and adult mentors. Youth and their adult mentors should register using a separate Youth Event registration form.

The *tentative* schedule for Saturday begins with registration and a continental breakfast at 8:30 AM. Come early and mingle. The youth will lead the opening worship at 9:30 AM followed by a keynote presentation on new ways of being a praying community by the Rev. Kate Huey, Minister of Covenantal Stewardship in Local Church Ministries, UCC. At 10:30 we will participate in one of approximately a dozen workshops on topics such as: Prayer in Different Cultures, Prayer as Movement, Singing, Silence, Knitting, Sabbath, Prayerfulness as a Way of Life, and many more. There will be an intergenerational workshop for adults and children—Praying in Color—for the artistic and non-artistic. This is an approach to prayer when bowing the head, folding the hands and kneeling are not an option. If weather permits, the children will have free time after the workshop to be outside on the playground. Lunch will be served at Noon.

The afternoon conferring session does not begin until 1:15 PM, allowing time to participate in the service project, check out the bookstore or just relax and connect with friends. During the conferring session, children ages 6 through 12 will be learning how to practice prayers of the heart or centering prayer. At 2:15 there will be a musical interlude leading up to the closing worship service and celebration at 3:00 PM. The closing service will include a celebration of anniversary pastors, retirees and others receiving recognition, the Eucharist, and opportunities for healing prayer and anointing.

Childcare for children up to 5 years (\$10.00 per child) will be provided from 9:00 AM to 12:00 PM and 1:00 PM to 4:00 PM.

This year's gathering will be in a different location, accessible by rail from the Philadelphia area and at a time that may be less conflicted with school activities. And, since it is a one-day meeting, the costs will be considerably less than in previous Spring Meetings. I hope to see you there.

In Christ,

A handwritten signature in black ink, appearing to read "F. Russell Mitman". The signature is fluid and cursive, with a prominent initial "F" and a long, sweeping underline.

F. Russell Mitman
Conference Minister

OFF-LINE (PAPER) REGISTRATION INFORMATION

Pennsylvania Southeast Conference
Spring Meeting
Trinity Evangelical Lutheran Church – Lansdale, PA
April 24, 2010

Please Read

We will be registering for workshops between 8:30 and 9:30 AM, so please come early.

You can register on-line using a credit card at www.psec.org or use the enclosed forms:

Form SM1: PSEC Spring Meeting Registration Form - If you are attending ONLY the Conference Spring Meeting on Saturday (not attending the Spring Youth Event on Friday evening), use Form SM1 to register. *A shuttle to and from the Lansdale train station and Trinity Evangelical Lutheran Church will be available on Saturday (tentatively 8-9 AM and 4-5 PM) for the Septa R5 line. Please check the box on the registration form if you will be using the shuttle.*

Form SM2: Child Care Enrollment Form – If you are bringing children up to and including Age 5 and want to enroll them in Child Care from 8:30 am to Noon and 1:30 to 4:00 PM, use Form SM2.

Form SM3: Medical Release Form – If you have enrolled your child in Child Care, you must complete a separate Medical Release Form SM3 for *each* child.

Form A: Sharing Gifts in Worship – If you are willing to share your gifts and talents during the worship service at the Annual Spring Meeting, please complete Form E and return it with your registration information.

Form B: Many Gifts, One Spirit-Serving the Wider Church – If you are willing to share your gifts and talents through the Wider Church, please complete Form F and return it with your registration information. A copy of this form is available in the Resources Section of the Download Center on the PSEC website www.psec.org.

**PLEASE REGISTER FOR THE SPRING YOUTH EVENT
(April 23rd and April 24th)
USING THE FORMS IN THE SPRING YOUTH EVENT PACKET.**

If you have questions or need additional information, please call 610-489-2056.

Make checks payable to PSEC and return with Registration Form(s)
(a separate form for each person) to:
PSEC, 505 S. 2nd Ave., PO Box 26400, Collegeville, PA 19426

Form SM1

PENNSYLVANIA SOUTHEAST CONFERENCE SPRING MEETING
TRINITY EVANGELICAL LUTHERAN CHURCH, 1000 West Main St., Lansdale, PA
SATURDAY, APRIL 24, 2010
REGISTRATION FORM

COMPLETE A SEPARATE FORM FOR EACH PERSON

USE THE SPRING YOUTH EVENT Registration Form if you are attending the Spring Youth Event at St. John's UCC, Lansdale on April 23rd.

Full Name _____ Male Female

Home Address _____

City, State, Zip _____

Home Phone _____ E-Mail _____

Church Name and Location _____

VOTING DESIGNATION - Please check only one box

*Each church should have two Church Delegates and one Youth Delegate.
Churches with membership over 800 may have an additional Church Delegate (adult).*

Voting Delegates

- Church Delegate
- Lay Conference Consistory
- Licensed Minister
- Commissioned Minister
- Lay Association Moderator
- Ordained Clergy
- Youth Delegate (ages 13-18); dob = _____
(youth attending only the Saturday Meeting)

Non-Voting

- Visitor
- Student-In-Care
- Youth Guest; date of birth = _____
(youth attending only the Saturday Meeting)
- Child; (up to age 12) dob = _____

*Child Care and Medical Release Forms
for children up to Age 5 are separate.*

PAYMENT INFORMATION—Registration Deadline: April 9.

- Adult \$35.00 \$15.00 Youth-Ages 13-18 Sat. ONLY \$10.00 Child-up to/including age 12

Three Ways to register:

1. Register ON-LINE at www.psec.org *OR*
2. Enclosed is my check for \$ _____ payable to PSEC. Mail with registration to: PSEC, 505 S. 2nd. Ave., PO Box 26400, Collegetown, PA 19426 **OR**
3. Please charge my ___ VISA ___ MasterCard ___ Discover (Please mail completed registration form as above)

I will use the shuttle to/from the Saturday meeting (8-9 AM and 4-5 PM—Septa R5 train line.

Card No. _____ Exp. Date ____ / ____

(Signature of Card Holder)

(Printed Name of Card Holder)

A \$15 fee will be charged for cancellations prior to April 9. There will be no refund for cancellations after April 9.

**CHILD CARE
ENROLLMENT FORM
April 24, 2010**

Child care hours are: 8:30 am to 12:00 noon
1:30 pm to 4:00 pm

Please fill in the following information for each child you wish enroll for Child Care.

PARENT: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

The rates for daily child care are **\$10.00 per child**. These rates are being subsidized by PSEC Spring Meeting.

Total Amount Enclosed for child care: \$ _____

Please complete one Medical Release Form for each child/youth, make additional copies if necessary.

**Medical Release Form (one per child) for Child Care
Pennsylvania Southeast Conference Spring Meeting April 24, 2010**

Name of Child: _____

Has this person had any medical problems of which an emergency physician would need to be aware (i.e. but not limited to: asthma, allergy to drugs, food or other, chronic illnesses, head aches, heart ailment, epilepsy, diabetes, physical handicaps, emotional problems, or dietary restrictions)? **YES NO**

Should there be any limits on physical activity? **YES NO**
At the present time, is this person under a physician's care? **YES NO**
If "Yes," please describe: _____

Is this person taking any medication? **YES NO**
If "YES," list names, dosage, why taken, and any side effects: _____

Is this person covered by medical insurance? **YES NO**
Name of Insurance Company: _____
Policy number: # _____
Name of Insured: _____
Relationship to participant: _____
Does your insurance company require pre-authorization for emergency services? **YES NO**
If so, phone number of the insurance company? () _____

If this person is below the age of legal consent, (18 years) the law requires that we have your permission to give medical service should the need arise. Please read carefully and sign below.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted.

I hereby give permission to the adult leaders of the PSEC Spring Meeting to seek routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to the PSEC to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the PSEC to secure and administer treatment, including hospitalization, for the person named above. I also agree to assume any financial responsibility for my child's care. I agree to the release of any records necessary for insurance purposes. I also understand that there are inherent risks to my child by participating in this event, even with the best of circumstances. With such knowledge I hereby accept such risks, and having read all of the above information, I hereby give permission for my son/daughter to attend the PSEC Spring Meeting.

(Parent or Guardian)

(Date)

**PENNSYLVANIA SOUTHEAST CONFERENCE SPRING MEETING
April 24, 2010
SHARING GIFTS IN WORSHIP**

PLEASE COMPLETE THIS FORM AND RETURN IT IMMEDIATELY TO THE CONFERENCE OFFICE. The Worship Mission Team continues to develop a resource list of people who are willing to share their gifts and talents during the worship services at the Annual Spring Meeting. Please respond to the information below.

I am willing to serve as a worship usher Yes No

I am willing to serve on a healing prayer team Yes No

I am willing to serve as a liturgist Yes No

I am willing to help serve the Eucharist Yes No

I am willing to play a musical instrument Yes No

(If Yes, Brass Woodwind Percussion Handbells)

Please list specific instruments: _____

THANK YOU FOR YOUR WILLINGNESS TO SERVE. PLEASE NOTE THAT NOT ALL WHO VOLUNTEER TO SERVE CAN BE ACCOMMODATED. THE PARTICIPANTS FOR THIS YEAR WILL BE CONTACTED DIRECTLY BY THE WORSHIP MISSION TEAM. THANK YOU FOR YOUR UNDERSTANDING.

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____ FAX: _____

CHURCH NAME & ADDRESS: _____

Many Gifts, One Spirit—Serving the Wider Church

Do you want to use your gifts and talents to serve the Wider Church? The Nominating Committee and the Pennsylvania Southeast Conference Mission and Ministry Teams are seeking to use the many gifts and talents of people willing to serve the Spirit through the Wider Church. If you would like additional information, please call 610-489-2056.

Do you have gifts to share in:

- Art
- Beginning new churches
- Children
- Christian Education
- Electrical Work
- Event Planning
- Finances
- Justice and Witness
- Landscaping
- Maintenance
- Mission
- Music (singing, instrument _____)
- Outdoor and Retreat Planning
- Plumbing
- Spiritual Nurture
- Stewardship
- Technology & Communications
- Theology
- Worship & Music Planning
- Youth and Young Adults
- Other _____

How about joining one of our many Mission Teams?

- Church Builders
- Clergy Convocation
- Communications
- Conference Meeting Program
- Ecumenical Relations
- Global Outreach
- Justice & Witness
- OCWM Development
- Philanthropy
- Racial Reconciliation
- Spiritual Life
- Stewardship Development
- Theology
- Worship
- Youth and Young Adult

Are you interested in serving with the National UCC in the:

- Executive Council
- General Synod Delegate
- Justice & Witness Ministries
- Local Church Ministries
- Wider Church Ministries

Name Ms. Mrs. Mr. Rev. Rev. Dr. _____

Your Association East Berks Heidelberg North Penn Philadelphia Reading Schuylkill Ursinus

Home Address _____
Street City State Zip

Home Phone _____ **Business Phone** _____ **Cell Phone** _____

E Mail Address _____ **Occupation** _____

Check this box if you would like to receive eCommunitas and/or eBulleins from PSEC at this email address.

Local Church and Location _____

Birth Date _____ **Age** Below 18 18—29 30—39 40—49 50—59 60 & Older

Are You Ordained Lay Female Male **Can you attend a daytime meeting?** Yes No

Ethnic Background Pacific Island/Asian American Black/African American Caucasian/Euro-American
 Hispanic American Indian/Native American Other

Disability _____

You may send your response to the attention of the Conference Administrator by fax: 610-489-4058 or by mail: PSEC, PO Box 26400, 505 S. 2nd Ave., Collegeville, PA 19426.