

**Ebenezer  
African Methodist Episcopal**

**Youth Comfort Ministry  
Initiative**



*Praise be to the God and Father of our Lord Jesus Christ,  
the Father of compassion and the God of all comfort, who  
comforts us in all our troubles, so that we can comfort  
those in any trouble with the comfort we ourselves have  
received from God.*

*II Corinthians 1:3-4 - NIV*

**For Youth Ages 6-18  
Who have Experienced  
Death or Loss**



**PRE-REGISTRATION is Requested  
Please Register at Church Office  
(9am-9pm T-F, 9am-4pm Sat)  
Call 301-265-8313 for More**

7707 Allentown Road

Fort Washington, MD 20744

301-248-8833

*Rev. Dr. Grainger Browning, Jr. - Senior Pastor*

*Rev. Kanika Magee - Senior Minister to Youth*

*Rev. Dr. Barbara Ridley - Minister to Comfort*

*Rev. Dr. Jo Ann Browning - Pastor*

*Min. Akil Dickens - Minister to Youth*

**Life After Loss  
Conference**

**March 13, 2010**

**10:00AM-3:00PM**

**For Youth, Parents &  
Youth Workers**

**This conference  
will help youth  
who have  
experienced loss  
and the adults who  
support grieving  
young people.**

*Contact us for more information*

**MINI-CAMPS  
Saturday**

**May 8 & Dec. 18,  
2010**

**10:00AM-  
3:00PM**

*Activities, Music Therapy,  
Crafts, Group Discussions.*

**EBENEZER A.M.E. CHURCH**  
**Young People Care (Y.P.C.) Activity and Workshop**

**Youth Ministry Comfort Initiative**  
**Registration Form**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Number** (\_\_\_\_) \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Bereavement History:**

*Please list the most significant deaths the child has experienced:*

RELATIONSHIP OF DECEASED TO YOU	YOUR AGE AT TIME OF LOSS	CAUSE OF LOSS

**Mail Form To:**

**Ebenezer A.M.E. Church c/o Youth Ministries 7707 Allentown Road, Fort Washington, MD 20744**  
**or E-mail To: Ebenezer.youth@hotmail.com**

**Consent/Authorization**

As the guardian of \_\_\_\_\_, I \_\_\_\_\_ grant them to attend Ebenezer A.M.E. Church's Y.P.C. Activity Day that will convene at Ebenezer A.M.E. Church in Fort Washington, Maryland. I understand that Ebenezer A.M.E. Church will not be liable or responsible for personal injury, loss of personal items or personal damage that may occur to my child at or in conjunction with this activity.

The representatives of Ebenezer have permission to act on my behalf in case of any emergency. During this time, I may be reached at the following numbers:

Home: (\_\_\_\_) \_\_\_\_\_ Parent's Work: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ at the following number: \_\_\_\_\_

My child might need special attention for \_\_\_\_\_

He/She is allergic to \_\_\_\_\_

He/She requires a special diet that consists of/takes the following medications \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case you need to contact us during the Activity, please call 1-301-248-8833.**