

# HELLO FELLOW EX-HAPPENERS!!! HOW ART THOU?

I'm in a sort of Shakespeare stage at el momento but I promise the H.I.S. Love weekend will be more like A Midsummer's Night Dream than a Hamlet weekend. If you know nothing of Shakespeare, well then I bite my thumb at you sir. Not really because that would be mean.

I am Pagie Wilson, your awesome rector, and I am with Elizabeth Allen, the thugaliscious, awe-inspiring Big Sis. The Bible verse that I have chosen to represent this weekend is Philippians 4:6 "Do not worry about anything; instead, pray about everything." During the H.I.S. Loviness weekend we will be praying. A lot. And you will LOVE it. Seeing as you probably need to know when this phantasmagorical weekend will take place I will give you all the needed information. The weekend is **MARCH 6-7, 2010 AT ST. MATTHEW'S, UNIVERSAL CITY, DIOCESE OF WEST-TEXAS.**

Hey, do you know what you should probably have? Your registration forms. Completed. At the door. Ready to go. If you don't have it you will be discombobulated. Do you know what else you should have? Clothes. So I'm going to tell you what you should pack.

## NEEDED ITEMS:

- ❖ As stated above, clothing.
- ❖ Tennis shoes
- ❖ A sense of humor. If you forget it walk out the door and come back in 5 seconds with it. If you still can't find it steal someone else's.
- ❖ Toiletries
- ❖ Night light
- ❖ Pajamas
- ❖ Sleeping bag and/or aero mattress. Trust me, the floors of churches are NOT comfortable.
- ❖ COSTUMES!!! We need new ones so we don't look like we're trying to make a sappy 80's movie instead of a loving Happening movie.
- ❖ Gasoline.  
But in your car. Otherwise you won't be able to get to your intended destination (that would be H.I.S. Love).
- ❖ Deodorant. No explanation necessary.
- ❖ Caritas, Generitas, etc.
- ❖ Prayers. These are important seeing as the whole point and focus of H.I.S. Love is to pray for the Happeners.
- ❖ Unicycle
- ❖ Hey all you minors out there (me included) you should have your PARENT SIGNED medical release form, a copy of **BOTH SIDES** of you insurance card, and a photo. Or self-portrait. Whatever floats your boat.
- ❖ Materials to write caritas letters, tape to put you Generitas together because, hey, I know we all do things at the last minute.
- ❖ Duck tape
- ❖ Car paint
- ❖ SMILE!

Yes, that is a long list. But I know you can handle it. So fare thee well I shall see you in one month's time! Adieu! Adieu!

Love Your Ridiculous H.I.S. Love Princess and Your Gorgeous H.I.S. Love Queen,

Paggie and

Eliz.



# "H.I.S. Love"

(Happeners in Service and Love)

For Happening #115 on March 6-7, 2010

St. Matthew's Episcopal Church, Universal City, TX

Rector, Pagie Wilson



**IF:** You enjoyed your Happening;  
You would like to help make Happening #115 special for those attending;  
You would like to serve the Lord and continue growing in your Walk

**THEN:** Make plans to be in Universal City for H.I.S. Love #115

**YOU CAN NOW REGISTER ONLINE!!! Follow these steps to register:**

Go to Episcopal Diocese of West Texas at <http://dwtx.org/>.

Choose calendar found in the pull down selections under the Events and Calendar tab near the top.

Choose Monthly Calendar.

Go to March 2010.

Look for March 6 and choose HIS Love (not HIS Love Staff Overnighter)

At the top of the event listing is the option to "Click here to Register."

After completing the registration, you can either pay on line by check; credit card or you can choose to pay later. You will have to print out the medical release, have your parents sign it and attach a copy of your insurance card (both sides). You can either mail, fax (210) 824-2164 or scan and send the signed release.

If this does not work for you, a registration form is attached. Read it, fill it out, sign it, write the check, attach a copy of your insurance card (both sides), fold the form, stuff it all in an envelope and mail it today!!! WE MUST HAVE THIS FORM SIGNED BY YOUR PARENT/GUARDIAN FOR YOU TO ATTEND H.I.S. LOVE.

**DON'T DELAY:** Get your registration to us by February 25, 2010! Cost is just \$25.00 - including a shirt. Registrations received by that date are guaranteed a shirt in any size. Ask for the right size, we may not have enough to change it.

WE MUST HAVE THE MEDICAL RELEASE FORM SIGNED BY YOUR PARENT/GUARDIAN FOR YOU TO ATTEND H.I.S. LOVE.

**PREPARE:** Prepare your Caritas (at least 75) ahead of time. You will want to spend your time at HIS Love writing personal caritas!

**GET THERE:** The address for St. Matthews Episcopal Church is 810 Kitty Hawk Rd Universal City, TX, 78148.

"Sign in" at H.I.S. Love begins Saturday at 1:00 p.m. Please eat lunch before arriving.

### **STUFF TO BRING**

- A Servant's Heart, ready to serve the Happening Community.
- Sleeping bag and mat (we'll be sleeping on a hard floor)
- Toiletries, change of clothes
- **Your completed signed Caritas (at least 75)**
- Supplies for writing personal caritas
- Musical instruments
- **Any munchies you may want (once the event starts we won't be doing any store runs)**
  - Please, no energy drinks...
- A friend who has gone to Happening

### **THE PURPOSE IS TO SERVE, BE FED, and HAVE FUN**

Our purpose at the H.I.S. Love for Happening is to:

REFLECT on your personal walk with Jesus Christ;

ANSWER our call to serve;

PRAY for each of the Happeners and staff by name (List will be available. More information to follow)

You may email caritas to: [dwtXHappening@yahoo.com](mailto:dwtXHappening@yahoo.com)

BE FED by God through worship, prayer and fellowship;

HAVE FUN with a wild, wacky, safe, loving, awesome group of people.

### **DIRECTIONS TO H.I.S. LOVE**

## **St. Matthew's Episcopal Church**

**810 Kitty Hawk Rd.; Universal City, TX, 78148**

If you get lost or need help, call: Mike Davies 956-227-4896

WE WILL CARAVAN OVER TO THE CLOSING AT CHURCH OF THE RESURRECTION IN SAN ANTONIO ON SUNDAY, MARCH 7, 2010 AROUND 2:00 P.M. IF SOMEONE WILL BE PICKING YOU UP, THEY NEED TO PICK YOU UP AT CHURCH OF THE RESURRECTION (5909 WALZEM RD.; SAN ANTONIO, TX 78218). THE CLOSING SERVICE SHOULD BE OVER AROUND 4:30 - 5:00 P.M.

**Arrive alive.....please drive safely!!!!**

This means you!!!!



# H.F.S. LOVE REGISTRATION FORM

(Happeners in Service and Love)



#115

## 1. APPLICANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_\_  
 High School: \_\_\_\_\_ T-shirt Size: *s m l xl xxl*  
 Home Church: \_\_\_\_\_ City \_\_\_\_\_

## 2. GOVERNANCE OF CONDUCT AND RESPONSIBILITIES

The following applies to ALL participants at this weekend, including sponsors:

1. I agree to not use or have possession of any drugs or alcohol.
2. I agree to not be involved in any immoral sexual activity.
3. I agree that, as with Happening, this is a Non-Smoking Event.
4. I agree to treat persons and property with respect.
5. If I have my vehicle at this event, I agree to only drive it for needed transportation when asked by a sponsor and accompanied by a sponsor.
6. I understand the H.F.S. LOVE is a LOCK-IN
7. I agree to observe the Diocesan mandatory sleep period for youth events from 2:00 am until 8:00 am.

My signature below indicates that I have read the above list of responsibilities, and I understand that failure to comply with them will result in expulsion from this event.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. MEDICAL RELEASE AND PERMISSION FORM

HEALTH CARE PROVIDER / POLICY # / GROUP # \_\_\_\_\_  
 (IMPORTANT: COPY BOTH SIDES OF INSURANCE CARD and attach)

HEALTH CARE PROVIDER ADDRESS / PHONE # \_\_\_\_\_

ALLERGIES / REACTIONS / PRESENT ILLNESS \_\_\_\_\_

MEDICAL CONDITIONS / MEDICATIONS CURRENTLY TAKING \_\_\_\_\_

(NOTE: Prescribed Medicines must be in original pharmacy container with correct name, date, instructions, and physician's name on label)

EMERGENCY CONTACT AND PHONE # \_\_\_\_\_

ANY OVER THE COUNTER MEDICATIONS THAT THE PARTICIPANT MAY NOT RECEIVE FROM ADULT SPONSOR (i.e. Tylenol, Advil, Kaopectate, etc.)  NO  IF YES, Please List \_\_\_\_\_

## PARENTS NOTICE OF EMERGENCY PLEASE CONTACT

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**COSTS \$25.** Return form and check payable to the Diocese before February 26, 2010 or your t-shirt is not guaranteed.

Happening/HIS love  
 Diocese of West Texas  
 PO Box 6885  
 San Antonio, TX 78209

Check _____
Amount \$ _____
Rec'd _____

**MEDICAL RELEASE ON BACK OF FORM**

H.F.S. LOVE  
 (Happeners in Service and Love)

**HIS LOVE REGISTRATION FORM PAGE TWO**

I/my child, \_\_\_\_\_, has my permission to attend and to participate in Happening sponsored by the Episcopal Diocese of West Texas. I represent that my child/self is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/her/myself, or to others. I agree to hold harmless the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of West Texas and the Diocese of West Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. Please list all allergies, medical problems, medications currently being taken by participant, or any other pertinent information below. Please notify the Event Coordinator or Nurse if this participant has been exposed to any communicable disease 3 weeks prior to this event. In addition to the medical considerations mentioned above I hereby grant permission for the Happening Steering Committee to use the candid photos of my child or myself taken as part of the Happening experience in promotion of future Happenings and on the Happening Texas Internet site. I declare that my child/self is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child/self whether covered under insurance or not. **(NOTE: The Sponsors of this event DO NOT provide insurance in case of injury or illness.)**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Happening/HIS love  
Diocese of West Texas  
PO Box 6885  
San Antonio, TX 78209

