

WEEKLY E-NEWSLETTER FROM LMC

June 10 —June 16

Verse of the day: Proverbs 8:33

Listen to my instruction and be wise. Don't ignore it.

Church Office Hours

Monday—Thursday 8:00 am—3:30 pm

Friday 8:00 am—12:00 pm

Lunch Hour 12:00—1:00 pm

Anniversaries

BAILEY, Marvin & Linda	06/11
BORUFF, Troy & Karen	06/11
STRANGE, Jacob & Shannon	06/12

Birthdays

KAISER, Jordan	06/10
WAGLER, Gunnar	06/10
WINKLER, Charlotte	06/10
VANMETER, Kelly	06/12
OVERALL, Dennis	06/13
SHOBE Jr., William	06/14
SORRELLS, Fiona	06/15
STREET, Renee	06/15
WAGONER, Madison	06/16
WAGONER, Makenzie	06/16



WORSHIP volunteers

June 16

8:15 am service

Greeter: Darlene Halbert

Nursery: NEED

Children Church: Audie Downs

Acolyte: Sophia Seymour

Intercessory Prayer: Sylvia Greene

Hospitality Center: Karen Enlow

Computer: Dena Lyon

Sound: Shari Hulsman

10:45 am Service

Greeters: Chris Childress

Nursery: Gretchen Childress

Children Church: Noah Callahan

Acolyte: Simon Childress

Intercessory Prayer: Jean Survance

Hospitality Center: Mike & Lois Callahan

Computer: Sabastian White

Sound: Keith Parsons



Cancer: Pam Bullock

Military: Jamie Brewer, Casey Burgess, Mark McFeaters, Shane Wagler

Homebound: Carolyn Clark, Norma Crane, LuAnn Dye, Patsy Dye, Pauline Hellums, Eleanor Johnston, Annette Potts

Loogootee Rehab Center: Charlie Boonshot

Prayers for this week: Mandy & Baby Brody, Delphia's Family and Friends, Beth Lett and the Smith family for the loss of her brother Jim, Kenny Graber for health issues, Chronic Ill, Grandson Dustin back heal, LuAnn, my cousin Bonita is recovering from a stroke

Praises: Every day, God is always with us, Expecting a new Grandbaby due on Christmas day, Babies are God's Best idea ever, Annual Conference



Instagram

Loogooteemc



LUMC @ Loogooteemc



www.loogooteemc.org



Loogootee Methodist Church



Loogootee MC

The Weekly News from our church is published every

Monday

morning. If you have information to include in the next week's

edition the deadline is

Thursday's no later than

3:30 pm. Call the office at

812-295-3049 or email at

loogooteewmsc@gmail.com



June 10 — 8:00 am Quilting
9:00 am Walking for Fitness—Family Life Center (FLC)
6:00 pm Dance Fitness—FLC
6:00 pm Mission Committee meeting—Multi-Purpose Room
7:00 pm Worship Committee meeting—Multi-Purpose Room

June 11 — 9:00 am Walking for Fitness—(FLC)
9:30 am Torah Bible Study—Room 116
12:00 pm Fellowship Hall in use
6:30 pm Adult Bible Study—Multi-Purpose Room

June 12 — 8:00 am Quilting
9:00 am Walking for Fitness—FLC
6:00 pm LMC Youth meet
7:45 pm Praise Team practice

June 13 — 9:00 am Walking for Fitness—FLC
9:30 am Prayer Time—Prayer Chapel
10:00 am Room 116 in use
11:00 am Food Pantry Open

June 14 — 9:00 am Walking for Fitness—FLC
6:00 pm LMC Youth Live Wire

June 15 — 8:00 am Men Breakfast and Bible Study—Fellowship Hall

June 16 — 8:15 am Traditional Worship Service
9:30 am Sunday School
10:45 am Contemporary Worship Service

VBS needs the following:

4th Grade Assistant

5th Grade Assistant

Bible Story Area Assistant

Snack Area Assistant

Travel kids to their areas 3 more

Contact Jean Survance if you can help

VBS

Register by July 7th you get placed in a drawing for a prize



July 8 - 12
6:00 - 8:30 p.m.

Ages: 3 year olds to 6th grade students
Loogootee Methodist Church
Register at:
myvbs.org/loogooteewmsc@gmail.com

SUGAR DONATIONS NEEDED!

Loogootee Methodist Youth

Help support our Summerfest Lemon Shake-Up fundraiser by donating sugar. May be left at church office, or contact Jake Strange for pickup at (812) 296-8003 or Facebook Messenger.



LMC YOUTH * SUMMER SCHEDULE *

SPECIAL EVENTS

Jun 12 Incoming Grade 7
Kick-Off
6:00-7:30

Jun 20-22 Summerfest
Lemon Shake-Ups

Jul 17 Bowling Night

Aug 2 Indy Indians Game
Faith Night

Regular Schedule

Wednesdays 6-7:30
Off July 3rd

LiveWire Fridays 6-8
Select Fridays:
Jun 14
Jul 12
Jul 26

**Wed - Bible-based lesson,
prayer, discussions, games.**

**LiveWire - Fellowship, food,
games, sports.**

**NEED: Wrapped non-chocolate candy for Summerfest
Parade. Need no later than June 21st.**



SUMMER CAMP
CAMP RIVERVALE

\$175
GRADES K-2
JUNE 16-18

\$350
GRADES 3-6
JUNE 16-21

CAMPER REGISTRATION

CAMPER SCHOLARSHIP

VOLUNTEER REGISTRATION



FLOWCODE
PRIVACY.FLOWCODE.COM



FLOWCODE
PRIVACY.FLOWCODE.COM



FLOWCODE
PRIVACY.FLOWCODE.COM



Camp Rivervale: We have scholarships available. Contact the church office for more information.

Salvation Army Camp is available. Check out their website at hiddenfallscamp.org



For Discounts at Holiday World check out their website. Go to the Fun club and

Username: Holiday1613, Password: World1613

Thank you for your interest in Hidden Falls Summer Camps!

We are excited to welcome your child to Hidden Falls this summer. Summer is a wonderful time to enjoy the outdoors, learn something new, have fun and build friendships. More importantly, we always share the Gospel of Jesus Christ with everyone who comes to camp.

Registration instructions

1. In order to start registration, please do **ONE** of the following:

- Fill out the Camper Interest Form online at <https://www.hiddenfallscamp.org/camp/>
OR
- Take a picture of or scan the completed Camper Interest Form and email it to: uscindoyouth@usc.salvationarmy.org
OR
- Call 317-937-7000 and ask for the Youth Department

2. This information will be put into our registration software, and you will receive an email with a link to complete online registration. Please allow up to 3 days after submitting information before it is input into the system.

If you do not receive an email to complete online registration, please email uscindoyouth@usc.salvationarmy.org.

3. In addition to online registration, there are 2 paper forms we still need you to fill out. These can be scanned and emailed, or mailed to Hidden Falls Camp, 208 Hidden Falls Camp Rd, Bedford IN 47421.

These two forms are:

****Participant Assumption of Risk and Waiver Agreement**

****Summer Food Service Program Form**

4. Complete your online registration as soon as possible, as your child's spot is not reserved until the entire online portion is complete!

5. When completing the online application, please note:

- It will ask for immunization dates; these are NOT required. If you do not wish to enter immunization dates, just click on the checkbox at the bottom of the page.
- Be prepared to enter your child's Primary Doctor's name and phone number and your child's health insurance information.
- Have the names and phone numbers of 2 additional people besides the primary parent whom we can call in case of emergency.



Summer Camp Interest Form 2024

County _____

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Camper First Name: _____ Last Name: _____

Date of Birth (Month, day, and year): _____ ☐ Male ☐ Female

Please place a check mark on the camp(s) you plan to attend and return to your local Salvation Army Liaison/Rep
This form DOES NOT mean your child is registered. You must complete the online registration.
Campers may sign up for a maximum of 3 camps. They must meet age requirements.

☐ Teen Camp

June 10-14 (Mon-Fri)

For youth ages 13-17.

☐ Junior Kids Camp

June 17-20 (Mon-Thurs)

For youth ages 6-8.

☐ Kids Camp

June 24-28 (Mon-Fri)

For youth ages 9-12.

☐ Music Camp

July 1-6 (Mon-Sat)

For youth ages 9-17. This is a working camp and campers must understand they have multiple music classes every day. Please choose **ONE** of the following classes for the week.

- ☐ Band (Brass, Woodwind, or Percussion – Campers MUST have prior experience & bring instrument to class)
- ☐ Beginner Brass instruction
- ☐ Vocal/Choir
- ☐ Guitar - Does the camper have a guitar they can bring to camp? YES or NO

Please also choose **ONE** elective class for the week.

- ☐ Ukulele
- ☐ Piano
- ☐ Rhythm/Percussion
- ☐ Dance
- ☐ Drama
- ☐ Worship Leading/Praise Team
- ☐ Hidden Falls TV
- ☐ Sound & Media
- ☐ Digital Music Production
- ☐ Digital Arts & Graphic Design

☐ STEAM+ Camp

July 8-12 (Mon-Fri)

For youth ages 9-14. Please choose **ONE** class for the week.

- ☐ Visual Arts (ages 9-11 only)
- ☐ Visual Arts (ages 12-14 only)
- ☐ Sports (ages 9-11 only)
- ☐ Sports (ages 12-14 only)
- ☐ Triple A: Art, Arithmetic & Archery (ages 10-12 only)
- ☐ The Right Mix: Kitchen Science (ages 11-13 only)
- ☐ Drones 101 (ages 12-14 only)
- ☐ Engineering Challenges (ages 9-11 only)
- ☐ Science & Art: Egyptian Style (ages 12-14 only)

☐ TSAO Camp (The Salvation Army Outdoors)

July 15-19 (Mon-Fri)

For youth ages 13-17. Campers will stay in tents and experience life in the outdoors.

APPLY ONLINE:

Complete one application per household. Please use a pen (not a pencil).

RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	M/I	Child's Last Name	Grade	Foster Care Status			
				Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check all that apply.				If you checked any of these boxes, please refer to the Application Instruction's Step 1; Part C & Part D.			

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

☐ **NO** → Go to STEP 3. ☐ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?	Public Assistance, Child Support, Alimony	How often received?	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?
		Weekly Every 2 Weeks 2x/Month Monthly Annually		Weekly Every 2 Weeks 2x/Month Monthly		Weekly Every 2 Weeks 2x/Month Monthly
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B. Child Income

Sometimes children in the household earn or receive income.

Include the **TOTAL** income (before taxes and deductions) received by **ALL** children listed in **STEP 1** here.

Child Income

\$

How often received?

Weekly	Every 2 Weeks	2-Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please see application's back
for list of income sources.

STEP 4 Contact information and adult signature.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form		Signature of Adult		Today's Date	
Mailing Address (if available)		City	State	Zip	Phone (optional)
					Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. **Do not** mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often? Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annual <input type="radio"/>	Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility Free <input type="radio"/> Reduced <input type="radio"/> Denied <input type="radio"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

Return completed form to your child's school.



The Salvation Army Hidden Falls Camp & Conference Center Waiver/Release of Liability Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating at The Salvation Army Hidden Falls Camp & Conference Center (the "Camp"). I understand that I/my minor child may take part in activities which may include: transportation, swimming, kayaking, paddle boats, fishing, slip n' slide, high and low ropes course, climbing wall, zip line, paintball, hayride, high intensity activities, archery and other shooting sports, field trips, indoor & outdoor games, bicycling, and other activities consistent with the purposes of the Camp (each, an "Activity"). I also understand that use of the facilities and equipment at The Salvation Army Hidden Falls Camp & Conference Center (the "Camp") may involve risk of bodily injury, property damage, or exposure to contagion (including COVID-19), and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Hidden Falls Camp & Conference Center (the "Camp"). I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury, property damage, illness, or any other loss that I might suffer while using The Salvation Army Hidden Falls Camp & Conference Center (the "Camp") facilities and services, except as limited by law.

In consideration of being permitted to participate in the Camp, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of my/my minor child's participation in any Activity.

- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me/my child while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify, hold harmless and defend The Salvation Army, its officers, agents, employees, and volunteers from any and all liability or costs, including attorney's fees, associated with or arising from my/my child's participation in any Activity and arising from any cause, including vehicles, except for matters caused by the willful misconduct or gross negligence of The Salvation Army or its officers, agents, employees, and volunteers while acting within the scope of duties of such relationship to The Salvation Army.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Participant

Printed Name of Parent/Guardian **OR** Adult Participant

Signature of Parent/Guardian **OR** Adult Participant

Date

Rev (6/20)

Mission Trip Oct 13-18

Henderson Settlement

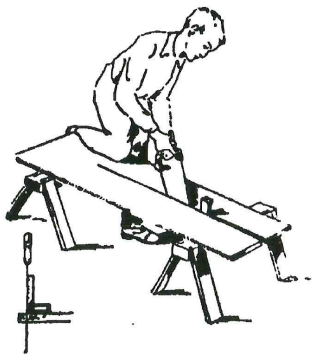
Ways you can be a part of this mission trip

Pray for our trip

Join us for a week long work camp

Donate household items that we can take

Sponsor all or part of a project or a mission worker



Cost \$275.00



To learn more about Henderson Settlement visit www.hendersonsettlement.com

If you are interested in going on this Mission trip, please contact Ken Woods