

TABERNACLE BAPTIST CHURCH

MERGE 2026

Packing List

WHAT TO BRING

Bible (paper Bible)/Journal/Pen
Spending/Snack money (optional)
Warm clothes/jacket for outdoor activity
Athletic clothes
Merge T-Shirt -wear Sunday to church

Sleeping bag/Blanket

Pillow

Air Mattress (optional)

Towels

Toiletries (soap, shampoo, deodorant, toothbrush, toothpaste, etc.)
Great attitude
Snacks to share with your friends
Please use soft bags for luggage

Showers are NOT Optional

WHAT NOT TO BRING

What your Student will NOT need to bring

- Do not bring any valuable personal items, we don't want these lost or stolen during the event
- Water Balloons, the host homes do not want these
- Any clothes that promote drugs, alcohol, or any other unacceptable promotions,
- Please do not bring any items that would be detrimental to the host home or to others present. Included would be any kind of "Prank" items, tobacco, drugs, fireworks, smoke bombs, guns, knives, grenades, missiles, nuclear warheads, etc.



Merge Schedule- 2026



Friday

Check in/Gear	5:30PM
Dinner (in fellowship hall)	6:00PM
Doors Open (Sanctuary)	6:45PM
Main Session 1 (Sanctuary)	7:00-8:30PM
Small Group 1 (at Host Home)	9:00PM
Lights Out	11:00PM

Saturday

Breakfast (Host Homes)	9:00AM
Main Session 2 (Sanctuary)	10:15AM-Noon
Lunch Break/Activity (fellowship hall)	Noon-2:00PM
Session 3 (Sanctuary)	2:15PM-3:45PM
Missions	4:00-6:00PM
Dinner (Host Homes)	6:30PM
Small Group 2	9:00PM
Lights Out	11:00PM

Sunday

High School Breakfast (Host Homes)	8:00AM
High School Worship (Sanctuary) A Hour	9:00AM
High School Small Group 3 (Lifegroup Room)	10:45AM
Middle School Breakfast (Student Room)	9:00AM
Middle School Small Group 3 (Lifegroup Room)	following breakfast
Middle School Worship (Sanctuary) B Hour	10:45AM

***Gear pick up will be in the APPALACHIAN GRILL parking lot AFTER B Hour service. After service, meet at your host home vehicle to retrieve your gear.

Medical, Photo/Video, Permission and Release Form

For Tabernacle Baptist Church Use Only Expires December 31, 2026

Participant Name: _____

Participant Address: _____

Participant Age: _____ Participant Gender: ___ Male ___ Female

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name: _____

Parent/Guardian Cell Phone Number: _____

Secondary Contact Name: _____

Secondary Contact Cell Phone Number: _____

INSURANCE INFORMATION:

Insurance Company Name: _____ Policy Number: _____

Group Number: _____ Subscriber Name: _____

Relationship to the Participant: _____

MEDICAL PROFILE:

In general, participant's health is: ___ Excellent ___ Good ___ Fair ___ Poor

Current medical needs being treated for: _____

Please note any medical history to be aware of: _____

Medications that this Participant Currently Takes/Needs: _____

Any allergies: _____

Special Diet needs to be aware of: _____

Signature of Parent/Guardian: _____

NOTARY:

Notarized Confirmation: State of Georgia County of Bartow before me, a Notary Public, personally appeared _____, who provided me satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the state that the foregoing paragraph is true and correct. Witness my hand and official seal.

Notary Signature _____

Today's Date: ___/___/___

My commission Expires: ___/___/___