

God's Calling Your Life

IDW SR YOUTH GATHERING 2025



Iowa District West Senior Youth Gathering Holiday Inn— Airport/Conference Center, Des Moines, IA November 21-23, 2025

Welcome to “**God’s Calling Your Life**” the 2025 Iowa District West Senior Youth Gathering. All high school youth and their adult leaders are invited to attend the IDW Youth Gathering this November 21-23, 2025, where we will focus together on Ephesians 2:10. The weekend will include music, Bible study, hands-on

activities, sectionals, games, and worship. Our fabulous presenter is Pastor Drew Oswald along with emcee Laura Nelson. Music will be provided by the high school worship team from Gloria Dei Lutheran Church in Urbandale, Iowa.

Cost is \$250 for registration and the full payment and paperwork must be received by October 24. Cost includes hotel, meals on Saturday and Sunday, T-shirt, and total program.

**Your registration will not be processed if payment is not received by the deadline*

A REMINDER THAT OUR REGISTRATION WILL BE DONE ONLINE!!!

Registration will be done similar to that of a National Youth Gathering. **Kindly gather all of your groups information using the information provided in your packet and plan to enter your groups information all at once.**

When ready, you may access the online registration using the QR code (take your cell phone and open the camera app and hold it up to the square to the right, it will take you to the District website which has the link to register) **OR** go directly to <https://iowadistrictwestlcms.regfox.com/2025-idw-senior-youth-gathering-> to begin registering.

The IDW Youth Gathering will start Friday, November 21, with registration from 7-9 pm. Gathering activities will begin at 8:30 p.m. A tentative schedule is enclosed.

Your registration packet includes the following items for you to copy and distribute as needed:

1. Registration Information & Instructions
2. Youth Registration Form with Health Form on back (use this to enter online registration and then keep for your records at the gathering)
3. IDW Senior Youth Gathering Covenant (keep for your records at the gathering)
4. Tentative Schedule of Events (copy as needed)
5. Financial Aid Form (copy if needed)
6. Poster
7. Activity Participation Agreement (copy as needed)

We look forward to a fabulous Gathering weekend. If you have any questions regarding online registration, please contact our volunteer registrar, Angie Spann, at 515-556-6508 or Angie@sotv-wdm.org.



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Registration Information and Instructions

Who may attend the Youth Gathering?

- Any 9th - 12th grade member of the LCMS
- Guests are welcome to attend if they are registered with your church group
- Adult Leaders

What are the Adult Leader Requirements?

The IDW Youth Gathering requires that congregations send *at least* 1 adult for every 6 youth. Adult leaders must be 21 years of age or older, approved by your pastor, active in church, spiritually mature, and willing to be involved with youth. Congregations also choose one of their leaders as their Primary Adult Leader. Gathering confirmation and all other information will be sent to the information provided for the Primary Adult Leader.

IDW strongly encourages each congregation to have a background check on all adult counselors. (The Synod recommends Protect My Ministry. For information go to www.protectmyministry.com/lcms.) If you have additional questions, contact Rhonda Mohr at the District office.

What is the Cost?

Total Cost: \$250 per person (Due by October 24). There will be no exceptions to these fees and deadlines. All congregations must send their registrations by October 30 and they will not be processed unless payment is included.

Cost includes 2 nights lodging at the Holiday Inn—Airport Conference Center (arranged through the IDW Youth Gathering planning team), 3 meals on Saturday and breakfast on Sunday, a T-shirt, and the total program.

Refunds: The District counts on those registered to keep our commitments as t-shirt, food and hotel rooms must be secured in advance. We strongly encourage finding a replacement for someone previously registered to attend. Refunds are only granted in certain instances and within a certain time frame. Please refer to the Iowa District West website for their refund policy.

More about the hotel: All rooms at the Holiday Inn accommodate 2 to 4 people (depending on the room) and will be assigned by our Registrar based on your group's needs. If you are open to sharing rooms with a neighboring congregation, please contact Angie Spann at 515-556-6508 or Angie@sotv-wdm.org so that a connection can be made. This will help us be good stewards for the Gathering. Alternately, if you feel your group will need more rooms than what you would be assigned under our 2-4 people per room procedure, please contact Angie Spann to inquire about reserving additional rooms (at an additional cost to your congregation).

Forms: Pastors or youth leaders may complete the bottom portion of the Youth forms to provide instructions on registration and payment for your congregation's needs.

Pro tip: Choose a registration deadline for your participants to turn in their forms that is **earlier** than the actual deadline. Put this earlier date on the registration forms and on all your publicity materials. This will give you plenty of time to have a church check written and finalize other details before the Gathering's actual online registration deadline. **(October 24)**

Registration is open now!

After completing your groups ONLINE registration, please send:

___ A payment of \$250 per person with one church check payable to Iowa District West - SYG

To: Roger Curtis
Iowa District West
409 Kenyon Road Suite B, Fort Dodge, IA 50501

2025 - “GOD’S CALLING YOUR LIFE” Schedule

Friday

7:00-9:00 Registration-Check-in
8:30-10:00 **MASS EVENT #1**
10:00-10:30 Free Time
10:00-10:30 Counselor Orientation– IOWA B
10:30 In Room End of Day Reflections
11:30 Lights Out

Saturday

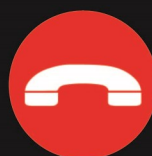
8:00-8:45 Breakfast
8:55-9:25 Bible Study #1
9:30-10:30 **MASS EVENT #2**
10:40-11:30 Sectional 1
11:40-12:30 Sectional 2
12:30-1:30 Lunch
1:40-2:35 Sectional 3
2:45-3:35 Servant Sectional
3:45-4:20 Bible Study #2
4:20-4:40 Free Time
4:40-6:00 **MASS EVENT #3**
6:00-7:00 DINNER
7:00-10:00 Night Life
10:00-10:30 In Room Reflection Time
11:30 In Room/Lights Out

Sunday

8:00-8:45 Breakfast
9:00-10:30 Worship
10:30 Closing

God’s Calling
Your Life

IDW SR YOUTH GATHERING 2025



Adult or Youth Registration Form

(copy on *white* paper)

Iowa District West Senior Youth Gathering

November 21-23, 2025

Holiday Inn—Airport Conference Center, Des Moines, IA

Name: _____ M _____ F _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____ Grade Level _____

Home Congregation & City: _____

T-Shirt Size (adult sizes): ____S ____M ____L ____XL ____2XL ____3XL ____4XL ____5XL

Special health concerns? Yes / No Please Explain: _____

Approved for Communion by Pastor of Congregation: Yes or No

Adult or Youth Commitment

I agree to participate and cooperate in every way at the IDW Senior Youth Gathering.

Signature of Adult Chaperone or Youth

Parental Consent

I give my permission for my son/daughter to participate in the IDW Youth Gathering and I have completed and signed the Health Form included in this registration.

I understand that photographs and/or video/audio recordings made during this Youth Gathering may include my child, and I authorize use of such photographs or recordings at the discretion of the IDW Youth Gathering Committee and/or Iowa District West.

Signature of parent/guardian

I have reviewed this form and the Gathering Covenant and certify that they are complete.

(This portion is to be completed by your pastor or youth leader prior to distribution)

Please give your forms to _____ by _____
(Pastor, DCE, or Youth Leader) (date)

with a payment of \$ _____ made payable to _____

Health Form—Youth

Participant's Name: _____ Date of Birth: ____/____/____

Parent(s) Name(s): _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Family member/friend who can be responsible for student if you cannot be reached:

Name: _____

Phone: (____) _____ Relationship: _____

Medications: _____

Allergies: _____

Special health conditions? ____ No ____ Yes Explain: _____

Insurance Provider Name: _____

Phone: (____) _____

Address: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Title XIX: _____

I verify that the above medical information on my child is complete and accurate and that I have legal custody of the participant named above. I grant my permission for adult leaders at the Gathering to administer general first aid treatment for any minor injuries or illnesses experienced by my child. In the event of an emergency, I hereby authorize the calling of an ambulance and/or physician at my expense to provide whatever emergency medical or surgical treatment is deemed necessary by a licensed physician.

I authorize release to the above insurance company any information needed to process a claim. I understand that I am financially responsible for all charges incurred.

Signature of parent: _____ Date: ____/____/____

IDW Senior Youth Gathering Covenant

In our baptism we are blessed with power from the Holy Spirit; power to resist temptation and live in response to God's love for us. At the IDW Senior Youth Gathering we strive to share Christ's Word with others as we live as the family of faith. This Gathering Covenant guides us to live in love while we celebrate and learn at this year's event.

1. I promise to participate in all Gathering activities as scheduled.
2. I will treat others with love, building each other up.
3. I will offer my respect to our leaders and to other youth. I will be respectful of the feelings of others.
4. I will give everyone and everything a fair chance, approaching each situation with a positive attitude.
5. I will put away my phone and electronic devices when my attention is expected elsewhere.
6. I will be helpful to other participants and to Gathering staff.
7. I will use our group leaders to help us resolve problems that may arise between other youth and me.
8. I will ensure other's privacy by not entering rooms when not invited. I agree that **NO COUPLES ARE TO BE ALONE IN ROOMS AT ANY TIME** and I will obey that rule.
9. As a Christian citizen I will obey rules that are set by our group leader(s), the Gathering staff, and other governing authorities for my health and safety. Among those rules are:
 - a. No illegal drugs
 - b. No alcohol
 - c. No tobacco
10. I will be courteous to other hotel guests at all times. I will be in my room with the lights out by the designated time each night.
11. I will treat the property of the hotel with care. I understand that any damages may be billed to those responsible for the damage.
12. I agree that everyone who violates this covenant will be counseled and disciplined appropriately. A major violation may result in a youth being sent home with a parent.
13. I will remember that I have a great opportunity to be a Christian witness and reflect Christ's love in my words and actions.

In response to God's grace given in our Baptism, I promise to live by this covenant at the IDW Youth Gathering at the Holiday Inn—Airport Conference Center and Hotel in Des Moines.

Youth Signature

I support the IDW Youth Gathering Covenant and I have discussed it with my child. In case of a major disciplinary issue during the Gathering, I understand that I may be asked to come and take my child home. I can be reached at:

Primary phone number

Parent Signature

Application for Financial Assistance Iowa District West Youth Events

Important Information:

- * **This application is to be completed by the pastor or church professional of the youth attending.**
Use a separate application for each youth.
- * The applicant must be a member of an Iowa District West, LCMS, congregation.
- * In the space provided (#3), explain the reason this youth is in need of financial assistance and any special circumstances that pertain to that need. This section must be completed.
- * The policy of the Iowa District West Youth Services Committee is to award a maximum of 50% of the registration fee. Please apply only for the assistance genuinely needed.
- * Families and congregations are to have primary financial responsibility.
Please indicate the amount the congregation is able to contribute.
District assistance is intended to supplement the family's and local support.
- * Send the completed application by the event registration deadline to:

**Mail: Youth Department
Iowa District West, LCMS
409 Kenyon Road, Suite B
Fort Dodge, Iowa 50501**

Email: emilie@iowadistrictwest.org

Applicant Information (please print or type)

Date of Application _____
Name of Youth _____
Parent(s)/Guardian _____
Home Congregation _____ Town _____

Financial Need (fill out completely)

1) Check the event the applicant will attend:

Cub Week _____ Jr. High Week _____ Youth Week _____
Jr. Youth Gathering _____ Sr. Youth Gathering _____

2) Cost of the event: \$ _____

Amount the congregation is able to provide: \$ _____

Amount of assistance requested: \$ _____

3) Explanation of the need/special circumstances: _____

4) Signature of pastor/church professional: _____

* * * * * District Use * * * * *

Signature of District Executive: _____ Amount Awarded \$ _____