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[www.swidnazarene.org](http://www.swidnazarene.org)

DECEMBER 14, 2018

## THE BELL

### I KNOW WHO I AM

I am God's child (John 1:12)  
I am Christ's friend (John 15:15)  
I am united with the Lord (1 Cor. 6:17)  
I am bought with a price (1 Cor. 6:19-20)  
I am a saint (set apart for God). (Eph. 1:1)  
I am a personal witness of Christ (Acts 1:8)  
I am the salt & light of the earth (Matt. 5:13-14)  
I am a member of the body of Christ (1 Cor 12:27)  
I am free forever from condemnation (Rom. 8: 1-2)  
I am a citizen of Heaven. I am significant (Phil.3:20)  
I am free from any charge against me (Rom. 8:31-34)  
I am a minister of reconciliation for God (2 Cor.5:17-21)  
I have access to God through the Holy Spirit (Eph 2:18)  
I am seated with Christ in the heavenly realms (Eph. 2:6)  
I cannot be separated from the love of God (Rom.8:35-39)  
I am established, anointed, sealed by God (2 Cor.1:21-22)  
I am assured all things work together for good (Rom. 8: 28)  
I have been chosen and appointed to bear fruit (John 15:16)  
I may approach God with freedom and confidence (Eph. 3: 12)  
I can do all things through Christ who strengthens me (Phil. 4:13)  
I am the branch of the true vine, a channel of His life (John 15: 1-5)  
I am God's temple (1 Cor. 3: 16). I am complete in Christ (Col. 2: 10)  
I am hidden with Christ in God (Col. 3:3). I have been justified (Romans 5:1)  
I am God's co-worker (1 Cor. 3:9; 2 Cor 6:1). I am God's workmanship (Eph. 2:10)  
I am confident that the good works God has begun in me will be perfected (Phil. 1: 5)  
I have been redeemed and forgiven (Col. 1:14). I have been adopted as God's child (Eph 1:5)  
I belong to God  
Do you know  
who you are?

## CHANGES IN THE DISTRICT OFFICE

I want to express my appreciation for the work Carrie Underwood has done for SWID these past few months as our District Office Administrator. When she was hired, I knew her time with us would not be long but we are thankful for all she has done to help us move forward. Carrie has started a new position at Purdue University. We have already begun a search for a new Office Administrator.

Rev. Timothy Crump  
District Superintendent

## CELEBRATE LIFE-DISTRICT & REGIONAL INFORMATION

*Celebrate Registration Materials are included in this E-news edition. See pages 3-6.*

District Celebrate Life is Saturday, February 16th at The Point.

Regional Celebrate Life @ Olivet Nazarene University, May 16-18, 2019

### A NEW ONLINE DATABASE COMING SOON

We have been working on a new online database complete with calendar and so much more.

More information to follow in 2019! There will be a mobile app as well!!!

### SWID TEEN QUIZ INVITATIONAL

**Saturday, January 2, 2019**

**Restoration Church**

Chapters: John 1-15

All meets begin at 8:00am CT / 9:00am ET.  
Ending times are determined by the progress of the quiz meet.

### 2019 SWID MEN'S BREAKOUT

**Saturday, March 16, 2019**

**Valley Mission Church**

Registration begin at 8:00am CT / 9:00am ET with coffee and doughnuts, with the session starting at 9:00am CT / 10:00am ET.

Dr. James Diehl, General Superintendent Emeritus will be our featured speaker. Dr. James Diehl was elected to the Board of General Superintendents in 1993 and served 16 years in this role. As Paul described his ministry to Timothy in 2 Timothy 1:11, so Dr. Diehl describes his calling - to be a pastor, a preacher, and an administrator. While laying down the administrative call, his passion continues with an ongoing preaching ministry from a pastor's heart.

To Register: Send \$25 per person (make check payable to SWID) and mail to Pastor Mark Roberts @ 117 E. St. Rd 234 Ladoga, IN 47954.

### 2019 SWID LADIES DAY

**Saturday, March 30, 2019**

**10:00 AM @ THE POINT**

SWID Ladies Day 2019 will be held @ The Point in Seymour, Indiana with guest speaker, Becky Keep. Becky is a freelance author and speaker. She and her family spent 13 years as missionaries to the Philippine Islands where she practiced her nurses' training treating thousands of patients throughout northern Luzon. Becky is also the sister of Kim Collingsworth.

Cost is \$25 per person and includes two speaking sessions and lunch. Vendor booths will open at 8:00am CT / 9:00am ET with the sessions opening at 9:00am CT / 10:00am ET. More details can be found at [www.swidladiesday.com](http://www.swidladiesday.com) in early 2019.



### SUBSCRIBE TO SWID NEWS

Interested in receiving a pdf version of SWID News? Email your subscription request to [swidoffice@swidnazarene.org](mailto:swidoffice@swidnazarene.org). We are happy to include you in our weekly distribution.

Catch all of the latest news and happenings - like "SWID Nazarene"



## **Celebrate Life 2019**

**When: District Celebrate Life - Saturday February 16th 2019**

**Regional Celebrate Life @ Olivet - May 16th-18th (Thu-Sat)**

**Time: DCL - Opening ceremony will begin @ 9:00, and all events will be concluded by 4:00pm.**

**Place: DCL - The Point (Feb. 16th)**

**311 Myers St.**

**Seymour IN 47274**

**RCL - Olivet Nazarene University (May 16th-18th)**

**1 University Ave.**

**Bourbonnais IL, 60914**

**Cost: Students - \$150      Sponsors - \$100**

**DCL Track Only: \$25** (This track is for students who are only competing at the DCL event and will **not** attend RCL. Please use the DCL Track Only Registration form for this option. \*\*\*If for some reason a student changes his/her mind and wants to attend RCL after originally registering for DCL Track Only, he/she simply needs to send in an additional \$125 to Nick McDowell by March 29<sup>th</sup> to cover the remaining cost of RCL\*\*\* )

### **Registration:**

**All student registrations need to be postmarked by Jan.18th!**

*You may send a \$50 deposit per student with the registration forms and pay the balance in full at the DCL event. Please send \$25 for each DCL-Track student with the registration forms. Registrations that do not include the DEPOSIT will not be processed until the fee is received.*

#### **Important Sponsor Information:**

*Payment must accompany registration and we would appreciate all the forms from each individual church to be sent together with one church check. You will not be able to participate without payment!*

*Please make check payable to: SWID NYI*

*Also if more than one person is participating from your church, please email Nick McDowell a list of all participants and their events in addition to mailing the registration forms: [pastornick@christscommunity.org](mailto:pastornick@christscommunity.org)*

*If you have any questions please contact Pastor Nick at (812) 945-3106.*

**Mail form and money to:**

**Christ's Community Church**

**c/o Nick McDowell**

**4920 Charlestown Road**

**New Albany, IN 47150**



# DCL TRACK ONLY Individual Registration Form

(Please PRINT and complete ALL information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Local Church \_\_\_\_\_

District: \_\_\_\_\_

Yr. Of Graduation: \_\_\_\_ Sex:     M     F

Roommate Preference: \_\_\_\_\_

I am a: \_\_\_\_ Participant

A.

## Arts/Crafts

- ☐ Painting     ☐ Still Photography  
☐ Drawing     ☐ Sculpture & Craft

B.

## Musical Talent: Instrumental

(Circle One)     CD     Live Accompanist  
 Solo   Duet   ☐   ☐ Name: \_\_\_\_\_  
 Trio   ☐ Instrument(s): \_\_\_\_\_  
    Partner(s): \_\_\_\_\_

☐ Keyboard Solo     ☐ Piano     ☐ Organ

☐ Ensemble     CD     Live Accompanist  
 (4 to 11)     ☐     ☐  
 Ensemble Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

☐ Band     CD     Live Accompanist  
 (12 or more)     ☐     ☐ Name: \_\_\_\_\_  
 Band Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

\*Taped/CD music must be an original. All commercially produced accompaniment tapes must be an original tape (no copies will be permitted). Taped music must not have voices singing unison with the singer(s). The singer(s) will be judged by the written music given to the judges.

E.

## Musical Talent: Vocal

☐ Solo     CD     Live Accompanist  
    ☐     ☐ Name: \_\_\_\_\_  
☐ Duet     ☐     ☐  
                  Partner: \_\_\_\_\_ Name: \_\_\_\_\_  
☐ Trio     ☐     ☐  
                  Partner(s): \_\_\_\_\_ Name: \_\_\_\_\_  
☐ Ensemble     ☐     ☐  
 (4-11)     Name: \_\_\_\_\_ Name: \_\_\_\_\_  
☐ Choir     ☐     ☐  
                  Name: \_\_\_\_\_ Name: \_\_\_\_\_

F.

## Communications/Video

☐ Creative Writing     ☐ Bible Exposition     ☐ Speech/ Reading (Individual)     ☐ Video  
☐ Dance  
☐ Drama     Group Name: \_\_\_\_\_  
                  Participants: \_\_\_\_\_  
☐ Mime     Group Name: \_\_\_\_\_  
                  Participants: \_\_\_\_\_  
☐ Puppetry     Group Name: \_\_\_\_\_  
                  Participants: \_\_\_\_\_

### Refund Policy:

All monies received for the event of Regional Celebrate Life are non-refundable directly to the participant. They may, however, be transferred between participants within the district. I hereby agree to the stated refund policy.

\_\_\_\_\_  
 (Participant's Signature)



**Central Region NYI Celebrate Life**  
**PERMISSION - COOPERATION – INFORMATION FORM**  
(YOU MUST COMPLETE THIS FORM TO ATTEND)

***Parental Permission and Waiver of Liability***

I hereby give authority to Mark Thompson, who is the NYI President of the Southwest Indiana District, to obtain minor medical attention or to authorize treatment at any hospital in the event of a medical emergency.

I also recognize the authority of all district sponsors, the Celebrate Life staff and the security of Olivet Nazarene University as those who will supervise this event and uphold proper conduct. I understand that my son/daughter could be sent home and that I would be responsible for their transportation home and any destruction of property.

I will not hold the Church of the Nazarene or Olivet Nazarene University responsible for accident, injury or theft. My son/daughter has my permission to attend Celebrate Life.

\_\_\_\_\_  
(Parent or Guardian Signature) (Month) (Day) (Yr)

Home Phone #: ( ) \_\_\_\_\_ Emergency Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

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**Teen Cooperation Agreement**

I am willing to cooperate with my sponsors, and I will submit to their authority in all areas. I will also follow the guidelines set up by the Central Region NYI Council and Olivet Nazarene University. I am aware that failure to do so will result in disciplinary action.

\_\_\_\_\_  
(Your Signature) (Month) (Day) (Yr)

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**Celebrate Life Package Deal**

The cost of the Package deal is \$150.00 which includes:

- Lodging - for two nights (you provide the bedding and linens)
- Meals – Lunch & Dinner on Thursday; three meals on Friday; breakfast on Saturday.
- Programs on Thursday and Friday (These programs are not optional for students.)
- **Sponsors\* Fee \$100.00**

\*Per district policy, all adult sponsors must have completed the **SWID Adult Authorization** process in order to volunteer at RCL. Please contact Mark Thompson ([pastormark@restorationnaz.church](mailto:pastormark@restorationnaz.church)) if you need to complete this process.

Please mail Celebrate Life form and money postmarked by January 18<sup>th</sup> to:

*Payment must accompany registration and we would appreciate all the forms from each individual church to be sent together with one church check. You will not be able to participate without payment! Please make check payable to: **SWID NYI***

**Christ's Community Church**  
**c/o Nick McDowell**  
**4920 Charlestown Road**  
**New Albany, IN 47150**

Regional Celebrate Life begins with registration at 9:30 – 11:30 A.M.(ET) in the Centennial Chapel on Thursday, May 16<sup>th</sup>. An opening ceremony will begin promptly at 11:30 A.M.(ET) Late registrants may register following the ceremony. Regional Celebrate Life will conclude at approx. 12:30 P.M.(ET) on Saturday, May 18<sup>th</sup>.



# Celebrate Life Individual Registration Form

#

(Please PRINT and complete ALL information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ T-Shirt size: \_\_\_\_

Local Church \_\_\_\_\_

District: \_\_\_\_\_

Yr. Of Graduation: \_\_\_\_ Sex: M F

Roommate Preference: \_\_\_\_\_

I am a: \_\_\_\_ Participant \_\_\_\_ Sponsor\*(see bottom box)

\*\*\* YOU MAY NOT ENTER ANY INDIVIDUAL CATEGORY MORE THAN ONCE\*\*\*

A.

## Bible Quizzing

☐ Yes

☐ No

B.

## Arts/Crafts

☐ Painting

☐ Still Photography

☐ Drawing

☐ Sculpture & Craft

C.

## Science Quizzing

☐ Yes

☐ No

\*Taped/CD music must be an original. All commercially produced accompaniment tapes must be an original tape (no copies will be permitted). Taped music must not have voices singing unison with the singer(s). The singer(s) will be judged by the written music given to the judges.

D.

## Musical Talent: Instrumental

(Circle One)

Solo Duet

Trio

CD

Live Accompanist

☐

☐ Name: \_\_\_\_\_

Instrument(s): \_\_\_\_\_

Partner(s): \_\_\_\_\_

☐ Keyboard Solo

☐ Piano

☐ Organ

☐ Ensemble (4 to 11)

CD

Live Accompanist

☐

☐

Ensemble Name: \_\_\_\_\_

Members: \_\_\_\_\_

☐ Band

CD

Live Accompanist

☐

☐ Name: \_\_\_\_\_

(12 or more) Band Name: \_\_\_\_\_

☐ Praise Band

Band Name: \_\_\_\_\_

Members: \_\_\_\_\_

## Refund Policy:

All monies received for the event of Regional Celebrate Life are non-refundable directly to the participant. They may, however, be transferred between participants within the district. I hereby agree to the stated refund policy.

\_\_\_\_\_  
(Participant's Signature)

E.

## Musical Talent: Vocal

CD

Live Accompanist

☐ Solo

☐

☐ Name: \_\_\_\_\_

☐ Duet

☐

☐ Name: \_\_\_\_\_

Partner: \_\_\_\_\_

☐ Trio

☐

☐ Name: \_\_\_\_\_

Partner(s): \_\_\_\_\_

☐ Ensemble

☐

☐

(4-11)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

☐ Choir

☐

☐ Name: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Dist. Choir/

☐

☐ Name: \_\_\_\_\_

Impact Team

Name: \_\_\_\_\_

☐ Nazarene Idol Finalist (top two from district)

F.

## Communications/Video

☐ Creative Writing

☐ Bible Exposition

☐ Speech/ Reading

☐ Video (Individual)

☐ Dance

☐ Drama

Group Name: \_\_\_\_\_

Participants: \_\_\_\_\_

☐ Mime

Group Name: \_\_\_\_\_

Participants: \_\_\_\_\_

☐ Puppetry

Group Name: \_\_\_\_\_

Participants: \_\_\_\_\_

G.

## Sport Events

You may only participate in one team event due to conflicting schedules. This consists of bowling, mixed doubles in table tennis, soccer, vb, and bb, but not video editing.

☐ Basketball (District Team)

☐ Free Throw

Early Youth

Senior Youth

M F

☐ Hot Shot

Early Youth

Senior Youth

M F

☐ Bowling (District Team)

☐ Chess

☐ Table Tennis

Mixed Doubles

Singles

M F

☐ Tennis

Early Youth

Senior Youth

M F

☐ Volleyball (District Team)

☐ 5000-Meter Run

☐ Home Run Derby

Early Youth

Senior Youth

M F

☐ Coed Soccer (District Team)

☐ Coed Dodgeball (District Team)

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