

Covenant Point Bible Camp

358 W. Hagerman Lake Rd.
Iron River, MI 49935
Phone: 906.265.2117 Fax: 906.265.5123
www.cpbcc.com, registrar@cpbc.com



2017 Women's Retreat

4:00 PM Friday, September 22 – 11:00 AM Sunday, September 24

Come for a weekend of fun, fellowship, meaningful conversation, and worship! The women's retreat is a beautiful time of year at camp, often highlighted by the peak of the fall foliage. Invite your friends out for the excellent food, good times, and life-giving worship and messages. This year's speaker is Bonnie Sparrman of Excelsior, MN. She'll be speaking on the theme: "Grace Happens at the Table." Registration begins at 4:00 PM on Friday, with our first gathering for dinner at 5:30 PM.

Payment Information

- Full Retreat:**
\$129 (\$119 Early Bird*)
4PM Friday – 11AM Sunday
- Saturday Only (no lodging):**
\$83 (\$73 Early Bird*)
- Full Retreat, Commuter (no lodging):**
\$103 (\$93 Early Bird*)
- Pastor Rates:**
 - \$80 Full Weekend
 - \$70 Saturday Evening Departure
 - \$60 Saturday Only (no lodging)

A \$25 processing fee will be kept in the case of cancellation.

*** Early Bird Discount applies if payed and registered or postmarked by 9/8/17**

More details on this year's speaker, theme, and programming at www.cpbcc.com/womensretreat

Packing List

Bedding, towel, and toiletries
Clothing for fall weather
Swimsuit for sauna (if interested)
Bible, notebook and pen
Flashlight, camera, earplugs for sleeping (optional)
Two pairs of shoes - as grass can be wet in the morning
Snacks for your cabin
Items to donate for the "bucket raffle" retreat fundraiser (optional)
Books for the book swap (optional)
Gently used clothing for the closet swap (optional)
Fishing tackle & license for free time (optional)
"One Thousand Gifts" by Ann Voskamp for book discussion on Saturday afternoon (if interested)
Money for massage (optional)

To Register:

Mail, email, or fax registration and payment to:
Covenant Point Bible Camp
358 W. Hagerman Lake Rd.
Iron River, MI 49935
Fax: 906.265.5123
registrar@cpbc.com

-or-

Register online at: www.cpbcc.com/womensretreat

2017 Women's Retreat Registration Form

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Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Day phone: _____ Cell phone: _____

Email: _____

How did you hear about Covenant Point? _____

Church Name: _____ Church City/State: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Name and Phone #: _____

Arrival & Departure / Payment:

- Full Retreat: \$129 (\$119 Early Bird)
- Full Retreat, Commuter (No Lodging): \$103 (93 Early Bird)
- Saturday Only (No Lodging): \$83 (\$73 Early Bird)
- Pastor Rate, Full Weekend: \$80
- Pastor Rate, Saturday Evening Departure: \$70
- Pastor Rate, Saturday Only (No Lodging): \$60

A \$25 processing fee will be kept in the case of any cancellation one week (7 days) or less to the start of the retreat.

Dietary Restrictions:

Please provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction and permission to share allergy-related information with appropriate staff.

I hereby give my consent to fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents, or representatives, may be held liable in any way for any injury, harm, damage, or death which may occur to me as a result of participation in these activities and hereby release, save, and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary should I require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for any medical, dental, or hospital care or treatment. I agree to allow Covenant Point to transport myself as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use my photo, films, digital images, videotapes, and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature _____

Printed Name _____ Date _____