

# Men's Winter Expedition

## January 11-13, 2013

Covenant Point Bible Camp is offering a men's snowshoe and cross country ski backpacking trip in the Porcupine Mountains.

9:00 AM Friday, January 11 - 4:00 PM Sunday, January 13



Meals, transportation, and a rustic cabin will be provided. Snowshoe, ski, and backpack rental are included. After being outfitted with necessary gear, we will travel by van to Porcupine Mountains Wilderness State Park. The remote cabin is a somewhat rigorous four mile ski/snowshoe from the trail head. Saturday will be spent exploring, enjoying God's creation, having quiet time, fun, and fellowship over meals and conversation in the great outdoors or a rustic cabin setting. On Sunday the group will ski back to the van, and travel back to Covenant Point by 4:00 PM.

Bring: Bible, lightweight sleeping bag, a bed sheet, pillow, plenty of warm layers, hiking boots, gloves, hat, small flashlight, toiletries, personal items, clothing, book or group game for entertainment. (Remember, you must carry everything you bring, in addition to some communal gear).

Cost is \$110. Only six spaces are available.

For questions or to register, contact  
Dustin Johnson at  
Covenant Point Bible Camp  
(906) 265-2117



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Covenant Point Bible Camp: (906) 265-2117

Then send registration form with a \$25 (non-refundable) deposit, or full payment of \$110 (checks made out to CPBC) to:



**Covenant Point Bible Camp**  
**358 W. Hagerman Lake Rd.**  
**Iron River, MI. 49935**

## Men's Winter Expedition Registration Form

### January 11-13, 2013

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

Church: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

Any Dietary Restrictions: \_\_\_\_\_

I hereby give permission to the camp to provide routine, nonsurgical medical care, dispense prescribed medications, and seek emergency medical or surgical treatment including ordering x rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me. I hereby give permission to the physician selected by the camp to secure treatment, including hospitalization, for the person named above. I also give permission for my photograph to be used in future promotional materials.

**Insurance Co:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_