

# TRAILBLAZER

**October 15 + 16**  
**2pm Saturday-2pm Sunday**



**Come Join  
 us  
 For a day  
 of...**

**Adventures**

**Friends**

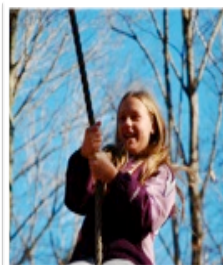
**...at the  
 2011**

**Learning**

**Trailblazer  
 Retreat  
 At Covenant  
 Point**

**Big Games**

**Singing**



Covenant Point Bible Camp

[www.cpbpc.com](http://www.cpbpc.com)

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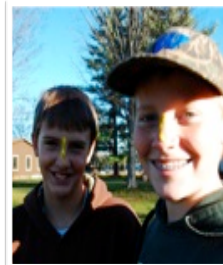
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**Covenant Point Bible Camp  
Trailblazers Retreat  
October 15-16 2011  
2pm Saturday-2pm Sunday**

**phone: 906.265.2117**  
**email: cpbc@cpbc.com**  
358 W. Hagerman Lake Rd, Iron River, MI 49935

***To Register:***

1. Fill in registration form below
2. Return it to camp with a full payment of:  
\$49 before October 1  
\$59 after October 1  
Bring a friend that is new to camp and both of you get a discount of \$15 off!!!  
(Please send your forms together)
3. Make checks payable to Covenant Point (\$15 non-refundable deposit)
4. Mail to CPBC 358 W. Hagerman Lake Rd, Iron River, MI 49935

***Bring:*** Bible, sleeping bags, warm clothes, toiletries, swimsuit, towel, and a friend!  
***Don't Bring:*** iPods, cell phones, game boys, knives, or your crabby pants

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
Circle: Camper or Counselor Male or Female Grade in School \_\_\_\_\_  
Church Name \_\_\_\_\_  
Group Leader \_\_\_\_\_  
Camper e-mail address \_\_\_\_\_

**Permission**

I \_\_\_\_\_ give consent for \_\_\_\_\_ to attend the  
retreat at Covenant Point Bible Camp in Iron River, MI.  
In case of medical emergency, I give my permission for any treatment that is  
needed. I agree to take responsibility for the cost of all medical treatment.  
I give permission for my child's photograph to be used in future promotional  
materials.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_

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