



Men's Retreat

7pm Friday, February 27 – 10am Sunday, March 1, 2015

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

Come away for a weekend of fun, fellowship, meaningful experiences, conversations, and worship. The men's retreat is a highlight every year at Covenant Point. Invite your friends out for the excellent food, broomball tournament, afternoon jam session (bring your own instrument), skeet shoot (bring your own shotgun), Frost-Bite Golf Tournament, games in the dining hall, and life-giving worship and messages that will be sure to challenge you and others to grow in faith.



Packing List

- ☐ Swim trunks for sauna and polar bear dip
- ☐ Sleeping bag or bedding
- ☐ Warm clothing
- ☐ Shotgun for skeet shooting
- ☐ Musical instruments for jam session
- ☐ Bible

Early Bird Registration (postmarked by 2/15/15)

- ☐ Full Retreat (Fri night – Sun Brunch) / \$120
- ☐ Fri night – Sat Dinner / \$95
- ☐ Sat Breakfast – Sat Dinner / \$60
- ☐ Full Retreat, No Lodging / \$80
- ☐ Pastor's Rate (full): Fri night – Sun Brunch / \$60
- ☐ Pastor's Rate (short): Fri night – Sat Dinner / \$50

Late Registration (postmarked after 2/15/15)

- ☐ Full Retreat (Fri night – Sun Brunch) / \$140
- ☐ Fri night – Sat Dinner / \$120
- ☐ Sat Breakfast – Sat Dinner / \$65
- ☐ Full Retreat, No Lodging / \$85
- ☐ Pastor's Rate (full): Fri night – Sun Brunch / \$65
- ☐ Pastor's Rate (short): Fri night – Sat Dinner / \$55



2015 Men's Retreat Registration

358 W. Hagerman Lake Rd.

Iron River, MI 49935

Phone: 906.265.2117 Fax: 906.265.5123

www.cpbcc.com cpbcc@cpbcc.com

Camper's Name: _____
Last First

Address _____ City/State/Zip _____

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

E-mail: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Name and Phone #: _____

☐ **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 _____