



## Covenant Women's Retreat

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
[www.cpbc.com](http://www.cpbc.com) [cpbc@cpbc.com](mailto:cpbc@cpbc.com)

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**September 26-28, 2014**  
4 pm Friday-Sunday brunch

Come away for a weekend of fun, fellowship, meaningful experiences, conversations, and worship. The women's retreat is a highlight every year at Covenant Point. Invite your friends out for the excellent food, fellowship, high ropes, morning stretching, optional craft, a trip to the Island, book and clothing exchanges, massages, and life-giving worship and messages that will be sure to challenge you and others to grow in faith.

### Packing List

- Sleeping Bag or bedding
- Towel
- Toiletries
- Raincoat/Umbrella
- Swimsuit
- Bible
- Notebook/Pen
- Camera and flashlight

**Make checks payable to**  
**Covenant Point Bible Camp**

Mail/fax registrations to CPBC:

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
906.265.5123

### Payment Information

#### **Early Bird Registration**

**Postmarked by 9/16/14**

Fri night-Sun Brunch (\$106)  
 Fri night-Sat dinner (\$80)

#### **Late Registration**

Fri night-Sun Brunch (\$116)  
 Fri night-Sat dinner (\$90)

#### **Pastor Rate\***

Fri night-Sun brunch (\$60)  
 Fri night-Sat dinner (\$50)

#### **Other Options\***

Sat breakfast-Sat dinner (\$60)  
 Full retreat, no lodging (\$80)

\*If postmarked after 9/16/14, add \$10





## Adult Camper Medical Release Form

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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.

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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 \_\_\_\_\_