## **Covenant Point Bible Camp**

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

Phone: 906.265.2117 Fax: 906.265.5123 www.cpbc.com, registrar@cpbc.com





## **Quilters' Retreat**

11:00 AM Thursday, Oct 13 – 10:00 AM Sunday, Oct 16

Come for a self-directed weekend to relax and finish your projects among friends. This fall, Covenant Point might be the perfect place for you to retreat! You're invited to spend your days here sewing, crafting, renewing friendships, napping, sipping on coffee, enjoying the peaceful surroundings, AND having someone else do all the cooking (including Covenant Point's famous Sunday brunch)! The retreat will include opportunities on Friday night and Sunday to share your projects with the group. There will also be an optional worship service offered on Sunday morning. This year we will continue the "On Your Honor Freewill Quilter's Garage Sale," in which anyone may bring items to sell, with all proceeds benefiting the Covenant Point Camper Scholarship Fund.

Payment Information
Full Retreat: \$150
11AM Thursday –
10AM Sunday

Friday Lunch Arrival: \$135

11AM Friday – 10AM Sunday

Friday Dinner Arrival: \$125

5PM Friday – 10AM Sunday To Register: Mail or Fax Registration

Mail or Fax Registration and Payment to: Covenant Point Bible Camp

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

-or-

Register Online at: www.cpbc.com/quilters-retreat

Bedding
Clothing for all weather
Towel
Toiletries
Walking Shoes
Any project materials you need

Packing List

2016 Quilters' Retreat Registration Form

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ast Name:First Name:		
Address:		City/State/Zip:
Home Phone:	Day phone:	Cell phone:
Email:		
Insurance Company:		Policy #:
Emergency Contact Name a	nd Phone #:	
Arrival & Departure / Paymer	nt:	
	\$125 hation of dietary related event of an aller	strictions and/or food allergies below gic reaction and permission to share f.
Covenant Point recognizing that there are r or similar activities. Covenant Point has tal activities may be strenuous and/or outdoors Covenant Point nor its trustees, officers, dir injury, harm, damage, or death which may hold harmless the above mentioned of said treatment that may be deemed necessary sagree that my insurance plan is the primary Covenant Point to transport myself as need	isks known and unknown, for ken reasonable and prudent is a and agree that participation rectors, employees, agents, o occur to me as a result of par injury due to participation in should I require such assistan y plan to pay for any medical, led and to use a photocopy o'	s, and filed trips conducted on and off the campus of eseeable and unforeseeable involved in participating in these steps to reduce known and foreseeable risks. I understand in activities is voluntary. I understand and agree that neither r representatives, may be held liable in any way for any ticipation in these activities and hereby release, save, and these activities. Further, I do consent to any and all medical ce, including the ordering and administering of medications. I dental, or hospital care or treatment. I agree to allow this form as my authorization when necessary. Covenant cordings in future promotional materials. I have read and
Signature		
Printed NameDate		