

# Covenant Point Bible Camp

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



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## 2015 Trailblazer Overnight (Grades 4/5/6)

2:00 PM Saturday, October 24 – 2:00 PM Sunday, October 25

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Come for 24 hours of fun and adventure, complete with worship, big games, and great messages.

### Payment Information

**\$55:** Early Bird Camper  
(before 10/1/15)

**\$65:** Camper  
(after 10/1/15)

**\$40:** Counselor / Youth Leader

**\$10 Bring a Friend Discount:**  
Applies to maximum of one friend  
who has never been to a CPBC  
summer camp or retreat.

### Packing List

Bedding  
Clothing for all weather  
Towel  
Toiletries  
Swimsuit for sauna  
Bible  
Notebook and pen  
Camera  
Flashlight



### To Register:

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

# 2015 Trailblazer Overnight (Grades 4/5/6) Registration Form

2PM Saturday, Oct 24 – 2PM Sunday, Oct 25

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: M/F Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Church Name: \_\_\_\_\_ Church City/State: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

I am coming with my group.

Group Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

I am not coming with a church group and would like to be linked with another group.

### Arrival & Departure / Payment:

- Early Bird Camper: \$55 (Before 10/1/15)
- Camper: \$65 (After 10/1/15)
- Counselor / Youth Leader: \$40
- Bring a Friend Discount: - \$10 (limit applies to one friend who has never been to CPBC)

### 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 \_\_\_\_\_