

Covenant Point Bible Camp

358 W. Hagerman Lake Rd.
Iron River, MI 49935
Phone: 906.265.2117 Fax: 906.265.5123
www.cpbcb.com, cpbc@cpbc.com



2015 Silent Retreat

4:00 PM Friday, Sept 18 – 1:00 PM Sunday, Sept 20

Come away for a weekend of simply being present with God and listening to His voice. Our speaker and facilitator, Terry Cathcart, is a seasoned silent retreat leader, having been involved in retreat ministry for 40 years.

Payment Information

Retreat: \$125

To Register:

Mail or Fax Registration and Payment
to:

Covenant Point Bible Camp
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Iron River, MI 49935
Fax: 906.265.5123

Packing List

Bedding
Clothing for all weather
Towel
Toiletries
Walking Shoes
Bible
Journal
Swimsuit

-or-

Register Online at:

cpbc.campbrainregistration.com



2015 Silent Retreat Registration Form

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Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

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

Email: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Name and Phone #: _____

Arrival & Departure / Payment: Registration: \$125

☐ **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 _____