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





Silent Directed Retreat

4:00 PM Friday, Sept 14 – 1:00 PM Sunday, Sept 16

Enjoy a guided weekend of silence, spiritual renewal, rest, and listening to the voice of God. Our guest speaker and facilitator is Rev. Terry Cathcart, a seasoned pastor, spiritual director, and silent retreat leader. He has been involved in retreat ministry for over 40 years. He'll be accompanied by worship leader Rob Engelhart, as well as a team of spiritual directors with whom participants may meet during the weekend. More details, including this year's theme, will be posted to the www.cpbc.com/silent-retreat this summer.

Payment Information Retreat: \$130

To Register:

Mail, email, or fax registration and payment to:

Covenant Point Bible Camp 358 W. Hagerman Lake Rd.

Iron River, MI 49935 Fax: 906.265.5123 registrar@cpbc.com Packing List

Bedding

Clothing for all weather

Towel

Toiletries

Walking Shoes

Bible

Journal

Swimsuit for sauna (if interested)

-or-

Register online at:

www.cpbc.com/silent-retreat

2018 Silent Directed Retreat Registration Form

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Last Name:	First	First Name:	
Gender: M / F			
Address:		City/State/Zip:	
Home Phone:	Day phone:	Cell phone:	
Email:			
How'd you hear about 0	Covenant Point?		
Church Name:	(Church City/State:	
Insurance Company: _		Policy #:	
Emergency Contact Na	me and Phone #:		
Payment: \$130			
A \$25 processing to the start of the retre	eat.	f any cancellation one week (7 days) or less to	
	ent of an allergic reaction a	ctions and/or food allergies below including and permission to share allergy-related	
Covenant Point recognizing that or similar activities. Covenant Factivities may be strenuous and Covenant Point nor its trustees, injury, harm, damage, or death hold harmless the above mentic treatment that may be deemed agree that my insurance plan is Covenant Point to transport my Point may use my photo, films, voluntarily agree to the statement.	It there are risks known and unknown, to there are risks known and unknown, to outdoors and agree that participatic officers, directors, employees, agents, which may occur to me as a result of poned of said injury due to participation in necessary should I require such assist the primary plan to pay for any medical self as needed and to use a photocopy digital images, videotapes, and sound ints herein.	igs, and filed trips conducted on and off the campus of foreseeable and unforeseeable involved in participating in these it steps to reduce known and foreseeable risks. I understand on in activities is voluntary. I understand and agree that neither or representatives, may be held liable in any way for any articipation in these activities and hereby release, save, and in these activities. Further, I do consent to any and all medical ance, including the ordering and administering of medications. I al, dental, or hospital care or treatment. I agree to allow of this form as my authorization when necessary. Covenant recordings in future promotional materials. I have read and	
		Date	
Filited Name		Date	