

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



2020 Trailblazer Overnight (Grades 4/5/6)

3:00 PM Saturday, Oct 17 – 2:00 PM Sunday, Oct 18

The Trailblazer Overnight is an action-packed formational time of spiritual growth and lots of good fun for 4th through 6th graders - a perfect time to invite your friends to camp! Campers are encouraged to register with their church group. Church groups are encouraged to bring at least one adult leader per 8 campers, and at least one adult leader of each gender. If campers are coming without a group, please inquire about connecting your camper with another group by emailing registrar@cpbc.com or calling (906) 265-2117.

Check-in begins at 3pm Saturday, with our first gathering being at 3:30 PM.

Payment Information

- \$55:** Early Bird Camper
(Registration and payment received by October 1)
- \$65:** Camper
(after October 1)
- \$40:** Counselor / Youth Leader
- \$10 Bring a Friend Discount:**
Bring a friend who has never been to CPBC summer camp or retreat and you each will save \$10.

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

-or-

Register online at:

www.cpbpc.com/trailblazer

Packing List

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

Do not bring:

Knives / weapons of any kind
Alcohol / tobacco / illegal drugs
Cell phones or electronic devices
Personal sports equipment
Valuable personal items

2020 Trailblazer (Grades 4/5/6) Overnight Registration Form

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*If it becomes apparent that we cannot run a retreat as planned due to COVID-19 considerations, we reserve the right to make changes to capacity, program, or calendar as necessary. Prior to each retreat, we will be in communication with participants regarding instructions and policies to reduce health risks for our participants and staff. Any cancellations related to COVID-19 will be refunded in full.

Last Name: _____ First Name: _____

Gender: M / F Grade: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____ City/State/Zip: _____

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

Parent/Guardian Email: _____

How'd you hear about Covenant Point? _____

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

A \$25 processing fee will be kept in the case of any cancellation one week (7 days) or less to the start of the retreat.

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 _____