

Covenant Point Bible Camp

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



2020 Women's Retreat

4:00 PM Friday, September 25 – 11:00 AM Sunday, September 27

Women of all ages: come for a weekend of fun, fellowship, meaningful conversation, and worship! The women's retreat is a beautiful time of year at camp, often highlighted by the peak of the fall foliage. Invite your friends to camp for the excellent food, good times, and life-giving worship and messages!

Check-in begins at 4:00 PM on Friday, with our first gathering for dinner at 5:30 PM.

Payment Information

- Full Retreat:**
\$140 (\$125 Earlybird*)
Pastor Rate: \$70
7PM Friday – 10AM Sunday
- Saturday Evening Departure:**
\$120 (\$100 Earlybird*)
Pastor Rate: \$60
7PM Friday – Saturday PM
- Saturday Only (no lodging):**
\$80 (\$70 Earlybird *)
- Full Retreat, Commuter (no lodging):**
\$100 (\$90 Earlybird *)

A \$25 processing fee will be kept in the case of cancellation.

*** Early Bird Discount applies if paid and registered or postmarked by 9/11/20**

More details on this year's speaker, theme, and programming at

www.cpbcc.com/womensretreat

Packing List

Bedding, towel, and toiletries
Clothing for fall weather
Bible, notebook and pen
Two pairs of shoes - as grass can be wet in the morning

Optional Packing:

Snacks for your cabin
Swimsuit for sauna
Flashlight, camera, earplugs for sleeping
Instruments for "Jam Session"

To Register:

Mail, email, or fax registration and payment to:

Covenant Point Bible Camp
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Iron River, MI 49935
Fax: 906.265.5123
registrar@cpbc.com

-or-

Register online at:

www.cpbcc.com/womensretreat

2020 Women's Retreat Registration Form

4PM Friday, September 25 – 11AM Sunday, September 27



*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.

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Last Name: _____ First Name: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Day phone: _____ Cell phone: _____
 Email: _____
 How did you hear about Covenant Point? _____
 Church Name: _____ Church City/State: _____
 Insurance Company: _____ Policy #: _____
 Emergency Contact Name and Phone #: _____

Arrival & Departure / Payment:

* Early Bird Discount applies if paid and registered or postmarked by 9/11/20

- Full Retreat: \$140 (\$125 Earlybird)
- Fri Night – Sat Dinner: \$120 (\$100 Earlybird)
- Sat Only (No Lodging): \$80 (\$70 Earlybird)
- Full Retreat, Commuter (No Lodging): \$100 (\$90 Earlybird)
- Pastor Rate, Full Retreat: \$70
- Pastor Rate, Saturday Evening Departure: \$60

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 _____