

# Covenant Point Bible Camp

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



## Silent Directed Retreats:

#1: 4:00 PM Friday, Sept 18 – 1:00 PM Sunday, Sept 20 (FULL)

#2: 4:00 PM Friday, Sept 25 – 1:00 PM Sunday, Sept 27

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.cpbcc.com/silent-retreat](http://www.cpbcc.com/silent-retreat) this summer.

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

### Payment Information

**Retreat: \$130**

### To Register:

Mail, email, or fax registration and payment to:

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### Packing List

Bedding, towel, and toiletries  
Clothing for all weather  
Walking shoes  
Swimsuit for sauna (if interested)  
Bible, notebook and pen

-or-

Register online at:

[www.cpbcc.com/silent-retreat](http://www.cpbcc.com/silent-retreat)

# 2020 Silent Directed Retreat Registration Form

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

#2: 4:00 PM Friday, Sept 25 – 1:00 PM Sunday, Sept 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: \_\_\_\_\_

Gender: M / F

Weekend Options: ☐ #1: Sept 18-20 (FULL) ☐ #2: Sept 25-27

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

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

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

How'd you hear about Covenant Point? \_\_\_\_\_

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

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

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

Payment: \$130

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.

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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 \_\_\_\_\_