

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



2021 Men's Retreat

7:00 PM Friday, Feb 26 – 10:00 AM Sunday, Feb 28

Come for a weekend of fun, fellowship, meaningful conversation, and worship. The Men's Retreat is a highlight for many each year at Covenant Point. Invite your friends for the excellent food, good times, and life-giving worship and message. Recreational opportunities include a broomball tournament, afternoon jam session (bring your own instrument), snowshoeing, cross-country skiing on our groomed trails, sauna and polar bear dip, or games and conversation in the dining hall.

Check-in begins at 7:00 PM on Friday, with our first gathering at 8:00 PM.

Payment Information

- Full Retreat:**
\$140 (\$120 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 2/12/21**

More details on this year's speaker & theme will be posted by January 2020 at www.cpbpc.com/mensretreat

Packing List

Bedding
Winter clothing
Towel
Toiletries
Swimsuit for sauna (if interested)
Musical instrument for jam session (if interested)
Bible
Notebook and pen
Flashlight

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/mensretreat

2021 Men's Retreat 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: _____

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 2/12/21

- Full Retreat: \$140 (\$120 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 more from the start of the retreat. In the case of a cancellation less than one week from the start of the retreat, no payments will be refunded. Any cancellations related to COVID-19 will be refunded in full.

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 _____