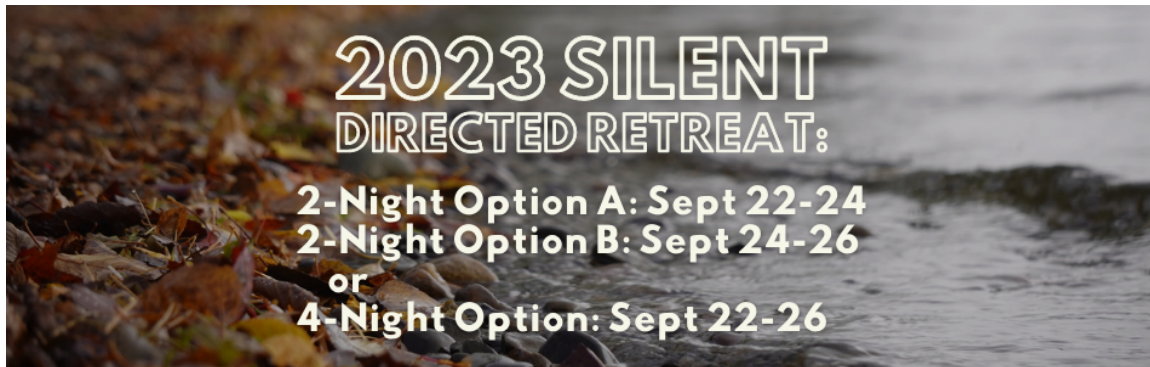


# Covenant Point Bible Camp

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



## Silent Directed Retreat: (2 or 4-night options available)

Enjoy a guided retreat 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, are available at [www.cpbcc.com/silent-retreat](http://www.cpbcc.com/silent-retreat).

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

### Payment Information

**2-Night Options: \$155**

**4-Night Option: \$255**

**(to join the 4-night option  
register for both option A & B)**

### Packing List

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

### To Register:

Mail or email registration and payment  
to:

Covenant Point Bible Camp  
358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
[registrar@cpbc.com](mailto:registrar@cpbc.com)

-or-

Register online at:

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

# 2023 Silent Directed Retreat Registration Form

2-Night Option A: 4:00 PM Friday, Sept 22 – 1:00 PM Sunday, Sept 24

2-Night Option B: 4:00 PM Sunday, Sept 24 – 1:00 PM Tuesday, Sept 26

4-Night Option: 4:00 PM Friday, Sept 22 – 1:00 PM Tuesday, Sept 26



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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Gender: M / F

How did you hear about Covenant Point? \_\_\_\_\_

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

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

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

## Payment / Dates:

- 2-Night Option A, Sept 22-24: \$155
  - 2-Night Option B, Sept 24-26: \$155
  - 4-Night Option (Sept 22-26): \$255
- 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.

## 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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## General Release and Waiver of Liability:

I hereby give my consent to have the above-named Participant 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 the above Participant 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 for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature / Legal Guardian (if minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_