

# Covenant Point Bible Camp

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



## 2023 Women's Retreat

4:00 PM Friday, September 29 – 11:00 AM Sunday, October 1

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 colors. 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:**  
**\$160** (\$145 Earlybird\*)  
Pastor Rate: \$90  
7PM Friday – 11AM Sunday
- ☐ **Saturday Evening Departure:**  
**\$140** (\$115 Earlybird\*)  
Pastor Rate: \$80  
7PM Friday – Saturday PM
- ☐ **Saturday Only (no lodging):**  
**\$100** (\$90 Earlybird \*)
- ☐ **Full Retreat, Commuter (no lodging):**  
**\$120** (\$110 Earlybird \*)

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.

**\* Early Bird Discount applies if paid and registered or postmarked by 9/15/23**

### Packing List

Bedding  
Clothing for all weather  
Towel  
Toiletries  
Swimsuit for sauna (if interested)  
Musical instrument for jam session  
(if interested)  
Bible  
Notebook and pen  
Flashlight

### 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.cpbcb.com/womensretreat](http://www.cpbcb.com/womensretreat)

# 2023 Women's Retreat Registration Form

4PM Friday, September 29 – 11AM Sunday, October 1

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Iron River, MI 49935  
Phone: 906.265.2117  
www.cpbpc.com, [registrar@cpbc.com](mailto:registrar@cpbc.com)



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 9/15/23

- ☐ Full Retreat: \$160 (\$145 Earlybird)
- ☐ Fri Night – Sat Dinner: \$140 (\$115 Earlybird)
- ☐ Sat Only (No Lodging): \$100 (\$90 Earlybird)
- ☐ Full Retreat, Commuter (No Lodging): \$120 (\$110 Earlybird)
- ☐ Pastor Rate, Full Retreat: \$90
- ☐ Pastor Rate, Saturday Evening Departure: \$80

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## 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.

## 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: \_\_\_\_\_