## **Covenant Point Bible Camp**

358 W. Hagerman Lake Rd. Iron River, MI 49935 Phone: 906.265.2117

www.cpbc.com, registrar@cpbc.com





### **Christmas Camp**

5:30 PM Friday, December 27 – 10:00 AM Wednesday, January 1

Extend the Christmas season at Covenant Point! This is a wonderful week to relax and spend time enjoying family, friends, winter sports, good books, and warm fireplaces while immersed in the beauty of Upper Michigan.

Christmas Camp begins at 5:30 PM with dinner on December 27, and concludes at 10 AM after our New Year's Day brunch on January 1. Check-in is from 3:00 to 5:30 in the Dining Hall on December 27. Weekly cross-country ski and daily snowshoe rental are included. Temperatures during the day usually range from 0 to 25 degrees Fahrenheit. Camp buildings are warm, and there is wood available for fireplaces and woodstoves. Wool sweaters, heavy jackets, and plenty of warm socks are most appropriate. Camp policy prohibits alcoholic beverages on camp grounds and smoking in camp buildings.

#### Activities include:

- · Sledding and tubing
- Broomball
- Ice skating (if conditions on the lake allow)
- Cross country skiing and snowshoeing
- Downhill skiing and snowboarding (at nearby Ski Brule)
- Sauna and polar bear dip
- Ping pong and foosball in the Canteen
- Games and puzzles
- Ice fishing (must possess valid MI fishing license if you are above the age of 16) – BYO fishing gear

#### Sample Daily Schedule:

7:15 AM	Coffee, hot water and cold cereal available
8:30 AM	Hot breakfast
9:30 AM	Intergenerational worship
10:15 AM	Enjoy some free time or a staff-led
	activity
12:30 PM	Lunch
1:30 PM	Enjoy some free time or a staff-led
	activity
5:30 PM	Dinner
6:45 PM	Intergenerational worship
Next	Optional evening program

#### Payment Information:

Adult (age 13 and over): \$395 Age 3-12: \$355 Children under 3: \$100

#### 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

#### -or- register online at:

www.cpbc.com/christmascamp

#### Packing List:

Bedding, sheets, pillows

Towels

Winter clothing, jackets, boots

**Toiletries** 

Swimsuit for sauna and "polar bear" dip Slippers, books, and games for around the

fireplace and in the Dining Hall

Bible

Notebook and pen

Flashlight

## 2024-25 Christmas Camp Registration

5:30 PM Dec 27 - 10AM Jan 1

Please send completed form with a \$300 non-refundable deposit to:

Covenant Point Bible Camp 358 W. Hagerman Lake Rd.

Iron River, MI 49935 Phone: 906.265.2117

www.cpbc.com, <a href="mailto:registrar@cpbc.com">registrar@cpbc.com</a>

Fam	ilv	Inform	mation
ı amı	II y	1111011	Hation

Address:						
Home Phone:	Adult(s) Name(s):					
Email 1:	Address:	City/State/ZIP:				
Insurance Company: Policy #:  Emergency Contact Name and Phone #:  Housing Preference(s) – Please indicate both preferred lodging, and lodging neighbors, if applicable.  Children's Names  Date of Birth: Gender: Grade in School:	Home Phone:Day Phone:	Cell Pho	ne:			
Insurance Company: Policy #:  Emergency Contact Name and Phone #:  Housing Preference(s) – Please indicate both preferred lodging, and lodging neighbors, if applicable.  Children's Names  Date of Birth: Gender: Grade in School:	Email 1:	Email 2:				
Children's Names						
Date of Birth: Gender: Grade in School: Date of Birth: Gender:	Emergency Contact Name and Phone #:					
Date of Birth: Gender: Grade in School: Date o	Housing Preference(s) – Please indicate both preferred lodging,	and lodging neighbors, if applicable				
Date of Birth: Gender: Grade in School: Date o						
Date of Birth: Gender: Grade in School: Grade i		Gender: Grade	in School:			
Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Date of Birth: Gender: Grade in School:  Calculate Your Cost  Adult (13+) @\$395 \$  Adult (13+) @\$395 \$  Ages 3-12 @\$355 \$  Card #  General Release and Waiver of Liability  As parent / legal guardian, I hereby give my consent to have the above-named Participant float on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in the minilar activities. Ovenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuo outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, emgaents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participating in the new activities. Purplement of a said injury due to participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Purplement Point to transport Partic needed and to use a p	Date of Birth:	Gender: Grade	in School:			
Date of Birth: Gender: Grade in School: Gender: Gender: Grade in School: Gender:	Date of Birth:	Gender: Grade	in School:			
Please provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of allergic reaction and permission to share allergy-related information with appropriate staff.  Payment Information Check enclosed \$ Check # Make check payable to Covenant Point Bible Camp Visa Mastercard Card #	Date of Birth:	Gender: Grade	in School:	_		
Please provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of allergic reaction and permission to share allergy-related information with appropriate staff.  Payment Information Check enclosed \$ Check # Make check payable to Covenant Point Bible Camp Visa Mastercard Card #	Date of Birth:	Gender: Grade	in School:	<del>-</del>		
Visa Mastercard  Card #  Expiration Date		Calculate Your Cost	Calculate Your Cost			
Mastercard  Card #	Make check payable to Covenant Point Bible Camp	Adult (13+)	@\$395	\$		
Card #		Ages 3-12	@\$355	\$		
General Release and Waiver of Liability  As parent / legal guardian, 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 the similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuo outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, empagents 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 pain these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do cor 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 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 Partic 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, was and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.		(Under 3)	@\$100	\$		
General Release and Waiver of Liability  As parent / legal guardian, 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 the similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuo outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, empagents 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 pain these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do cor 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 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 and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.	Expiration Date CSC	*Delence due en er hefere	Subtotal	\$		
As parent / legal guardian, 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 the similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuo outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, empagents 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 pain these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do cor 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 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 and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.	Credit card payment may be in full, or for the \$300 deposit.  Signature		deposit non-	\$		
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 the similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuo outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, empagents 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 pain these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do correctly 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 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 Participaneded and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, valued and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.	General Release and Waiver of Liability		Balance	\$		
	Participant fully participate in all camp activities, outings and field trips conducte and off the campus of Covenant Point recognizing that there are risks known ar similar activities. Covenant Point has taken reasonable and prudent steps to recoutdoors and agree that participation in activities is voluntary. I understand and agents or representatives may be held liable in any way for any injury, harm, da in these activities and hereby release, save and hold harmless the above mentiany and all medical treatment that may be deemed necessary for the Participar primary plan to pay for the medical, dental or hospital care or treatment that is gneeded and to use a photocopy of this form as my authorization when necessar	nd unknown, foreseeable and unforeseeable duce known and foreseeable risks. I understa agree that neither Covenant Point nor its tru amage or death which may occur to the abovioned of said injury due to participation in the nt should he/she require such assistance. I aggiven to the Participant. I agree to allow Covery. Covenant Point may use the Participant's	involved in particily and activities may isstees, officers, directly e Participant as a use activities. Furth gree that my insurationant Point to transenant Point to transenant Point to transenant participans and participa	be strenuous an ectors, employed result of particip eer, I do consent ance plan is the sport Participant		
	Participant Signature / Legal Guardian (if minor):					
Printed Name: Date:	Printed Name: Date:					

# **Christmas Camp Covenant Point Bible Camp**

December 27- January 1





#### **Housing Options:**

CPBC will assign lodging based on availability and your household size and needs. We'll limit to one household per room unless asked otherwise.

\*Numbers reflect our typical bed numbers.

**Maple Lodge (30 beds):** 8 bedrooms housing up to 3-4 people per room in bunkbeds, three shared bathrooms for the lodge and a lounge area shared by all rooms, including a woodstove.

**Pine Lodge (40 beds):** 4 bedrooms housing up to 8-12 people in bunkbeds per room, two shared bathrooms (each with two toilets and two showers) for the lodge and a large lounge shared by all rooms, including a woodstove.

**Aspen, Hemlock, & Birch Lodges (24 beds each):** 2 bedrooms in each lodge, housing up to 12 people in bunkbeds per room, both bedrooms having a private bathroom, and a small lounge and fireplace shared by both bedrooms.

**Cedar Lodge (40 beds):** 4 bedrooms housing up to 10 people in bunkbeds per room, each bedroom has a private bathroom and a large lounge shared by all bedrooms.

**Squirrel's Cage (10 beds):** A 3 bedroom / 1 bathroom cabin with a small living room and kitchen; two bedrooms with two bunk beds each, and a master bedroom with a queen size bed.

**Nature Center (16 beds):** 2 bedrooms housing up to 8 people per room, two full bathrooms and a large lounge with a fireplace, shared by both bedrooms. NOTE: This building is in our "Back 40," across the road from the main CPBC campus.

**Upper Tamarack Right & Left (8 beds X 2):** 2 side by side units which each house 8 in bunkbeds. One full bathroom in each unit.

**Krubba Apartment – Upper Tamarack Gable End (1 bed):** 1-bedroom apartment with full kitchen and it's own full bathroom and living room; has 1 full bed and a pullout couch.

**Infirmary Bunks (7 beds) & Infirmary Apartment (4 beds):** The infirmary bunk side has two bedrooms, each of which house 3 or 4 in bunkbeds and has a shared full bathroom. The infirmary apartment has two bedrooms, one with a bunkbed and one with a full bed and a full bathroom, as well as a living room and partial kitchen (sink, toaster oven, and small refrigerator).