# **Covenant Point Bible Camp**

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

www.cpbc.com, registrar@cpbc.com





# 2024 Women's Retreat

4:00 PM Friday, September 27 – 11:00 AM Sunday, September 29

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:** 

**\$175** (\$160 Early Bird\*) Pastor Rate: \$125

7PM Friday – 11AM Sunday

#### **Saturday Evening Departure:**

**\$155** (\$140 Early Bird\*) Pastor Rate: \$115

7PM Friday – Saturday PM

# Saturday Only (no lodging):

**\$125** (\$110 Early Bird \*)

# Full Retreat, Commuter (no lodging):

**\$135** (\$120 Early Bird \*)

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 9/13/24

#### 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

-or-

#### Register online at:

www.cpbc.com/womensretreat

# **2024 Women's Retreat Registration Form** 4PM Friday, September 27 – 11AM Sunday, September 29

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



Last Name:	First Name:	
Address:		City/State/Zip:
Home Phone:	Day phone:	Cell phone:
Email:		_
How did you hear about Cov	renant Point?	
Church Name:	Church City/Sta	te:
Insurance Company:		Policy #:
	nd Phone #:	
Full Retreat: \$175 Fri Night – Sat Din Sat Only (No Lodg Full Retreat, Comi Pastor Rate, Full F	s if paid and registered or postmarked by 9/13/24 (\$160 Early Bird) Inner: \$155 (\$140 Early Bird) Iging): \$125 (\$110 Early Bird) Imuter (No Lodging): \$135 (\$120 Early Bird)	*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.
	nation of dietary restrictions and/or food allergies be sion to share allergy-related information with appro	
General Release and W	aiver of Liability	
conducted on and off the cal unforeseeable involved in pa reduce known and foreseeal activities is voluntary. I unde representatives may be held result of participation in thes participation in these activitie Participant should he/she re- or hospital care or treatment to use a photocopy of this fo	liable in any way for any injury, harm, damage or e activities and hereby release, save and hold harm es. Further, I do consent to any and all medical trea quire such assistance. I agree that my insurance p that is given to the Participant. I agree to allow Co	risks known and unknown, foreseeable and Point has taken reasonable and prudent steps to and/or outdoors and agree that participation in ts trustees, officers, directors, employees, agents or death which may occur to the above Participant as a mless the above mentioned of said injury due to atment that may be deemed necessary for the lan is the primary plan to pay for the medical, dental ovenant Point to transport Participant as needed and the Point may use the Participant's photo, films, digital
Participant Signature / Le	gal Guardian (if minor):	
Printed Name:		Date: