Covenant Point Bible Camp

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

www.cpbc.com, registrar@cpbc.com





2025 Men's Retreat

7:00 PM Friday, Feb 21 – 10:00 AM Sunday, Feb 23

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:

\$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 2/7/25

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 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/mensretreat

2025 Men's Retreat Registration Form 7PM Friday, Feb 21 – 10AM Sunday, Feb 23

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Last Name:	First Name:	
Address:		City/State/Zip:
Home Phone:	Day phone:	Cell phone:
Email:		-
How did you hear about Coven	ant Point?	
Church Name:	Church City/State	o:
Insurance Company:		Policy #:
Emergency Contact Name and	Phone #:	
Full Retreat: \$175 (\$ Fri Night – Sat Dinne Sat Only (No Lodgin Full Retreat, Commu Pastor Rate, Full Ret	paid and registered or postmarked 2/7/25 160 Early Bird) er: \$155 (\$140 Early Bird) g): \$125 (\$110 Early Bird) tter (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 fron 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.
	tion of dietary restrictions and/or food allergies be n to share allergy-related information with approp	
General Release and Waiv	ver of Liability	
conducted on and off the camp unforeseeable involved in parti- reduce known and foreseeable activities is voluntary. I underst representatives may be held lia- result of participation in these a participation in these activities. Participant should he/she requi- or hospital care or treatment th to use a photocopy of this form	able in any way for any injury, harm, damage or d activities and hereby release, save and hold harm Further, I do consent to any and all medical treat ire such assistance. I agree that my insurance pla at is given to the Participant. I agree to allow Cov	isks known and unknown, foreseeable and bint has taken reasonable and prudent steps to nd/or outdoors and agree that participation in strustees, officers, directors, employees, agents or eath which may occur to the above Participant as a less the above mentioned of said injury due to ment that may be deemed necessary for the an is the primary plan to pay for the medical, dental enant Point to transport Participant as needed and Point may use the Participant's photo, films, digital
Participant Signature / Lega	al Guardian (if minor):	
Printed Name:		Date: