

 *Inter-City*
BAPTIST CHURCH

WINTERCAMP



Grades 7-12
February 2-3



Come Join Us!

Join us for an amazing two-day getaway to Pine Ridge Bible Camp near Cedar Springs, MI. We will enjoy winter activities (including tubing) and when you need to warm up, there will be fun indoor competition.

The focus of our retreat will be encouragement in your walk with the Lord through challenging messages from God's Word, singing and testimonies, and fellowship together.

Make plans to join us for a weekend of spiritual refreshment and tons of fun.

Details

Location: Pine Ridge Bible Camp

Date: February 2–3, 2018

Departure: Feb. 2 at 7:00 a.m.

Return: Feb. 3 at 8:30 p.m.

Cost: \$95 (includes 4 meals and a shirt)

Registration & Payment Deadline:
January 21, 2018

Things to Bring:

- Bedding and Toiletries
- Clothes for Indoor and Outdoor Activities
- Print Bible and Pen/Pencil

Emergency Contact Info:

Nathan Paugh:

313.797.5428

Pine Ridge Bible Camp:

616.696.8675

Our Speaker

We are excited to have Pastor Jon Moreno joining us to speak for this year's winter camp.

Jon is the assistant pastor for youth ministries at the First Baptist Church of Lake Orion. Prior to joining the staff of FBCLO, Jon and his wife, Heather, travelled with the Steve Pettit Evangelistic Team. Jon has a heart to see teens properly understand and apply the Word of God to all of life. Jon is currently pursuing a Master of Divinity degree from DBTS.



Jon and his wife have three children.

Registration Form

Please fill out completely

Teen Name: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Email: _____

Grade: _____

Shirt Size: _____

Method of Payment:

- Check**
- Cash**

** Be sure to fill out the permission form on the back.

** Please keep the front half of this booklet for important planning information.

Permission Form

Teen Name: _____
(Last) (First)

I, being the parent(s)/legal guardian(s) of the above named minor, consent to his/her participation with Inter-City Baptist Church in their official activities. I authorize Nathan Paugh or other adult sponsors to consent to any necessary examination, medical diagnosis, or other hospital care to be rendered to the above named minor under the general supervision and the advice of any physician licensed to practice in the United States from February 2, 2018 to February 3, 2018.

My child is able to fully participate in all activities except:

Any allergies, medical conditions or special medications that may be relevant to a physician in the event of an emergency: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signed): _____

Date: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Insurance Information

Company: _____

Policy #: _____

Group #: _____