

CONFIRMATION RETREAT

CR1 - March 6-8, 2020 | CR2 - March 13-15, 2020



CR1 SPEAKER Kristian Anderson ~ Triumph LBC, Moorhead, MN

CR1 TOPIC The Apostles' Creed

CR2 SPEAKER Kirk Miltzer ~ Bethesda, Eau Claire, WI

CR2 TOPIC The Lord's Prayer

www.ipoint.org

Price: \$105

Registrations paid in full by February 14 receive a \$25 early registration discount. Use promo code "CR25" when you register online.

Grades: 6th - 9th

Check-in: Friday from 6:30-8:00 PM

Check-out: Sunday at 11:00 AM



CR1 - March 6-8, 2020

CR2 - March 13-15, 2020

Name _____

Address _____

City _____ St _____ Zip _____

Phone () _____ Email _____

Birthdate ___/___/___ Grade _____ Male Female 1st Time at IPoint? Yes No

Church _____

Roommate _____

Food Allergies/dietary restrictions _____

Medications: _____

* Registrations paid in full by early registration discount deadline receive a \$25 discount. Online registration is available at www.ipoint.org. Return completed registration form and payment to: 13207 Inspiration Trail, Clitherall, MN 56524. Registrations must include a \$50 non-refundable/non-transferable deposit.

Parent/Guardian(s) _____

Phone () _____ Email _____

Emergency Contact _____ Phone () _____

Lutheran Brethren Bible Camp, Inc. Medical/Media Release

CONSENT: I hereby give permission for my child to attend Inspiration Point and designate camp officials to act on my behalf in authorizing routine and/or emergency medical care. I also agree to hold harmless Lutheran Brethren Bible Camp, Inc. for any and all claims for injuries, causes for action, or liability related to use of all camp facilities (such as, but not limited to adventure course, climbing tower, tubing hill, etc.). I give Inspiration Point authority in matters of discipline, understanding that any camper disregarding camp rules is subject to being sent home at camper's expense, and any camper willfully destroying property will be charged accordingly. I further authorize the camp to use photos or video taken of my child at camp for promotional purposes.

Signature of Parent or Guardian _____ Date _____

Payment Information:

Amount: \$ _____ Cash Check# _____ Credit Card (Visa, MasterCard, Discover) EXP. Date ___/___/___

Name on card _____ Card# _____

Billing Address _____ City _____ St _____ Zip _____

Signature _____ Date _____