



180 Rt. 15 Lafayette, NJ 07848
973-383-4461 www.lfc.org

2019 SR. HIGH WINTER RETREAT

February 15th-18th
Camp Spofford, NH

Lafayette Federated Church

EQUIP
STUDENT MINISTRIES

Skiing/Snowboarding

Along with our regular slate of winter retreat activities we will be heading to Pats Peak in Henniker, NH on Saturday afternoon for skiing, snowboarding and tubing.

Not into any of that? You can still hang out in the lodge and play some games with other students and leaders!

**Ice Skating...Ga-Ga...Gladiator...
Glow in the Dark Dodgeball...
Daily Sessions...Worship**

Cost:

\$140 lodging, meals and travel

\$45 sking/snowboarding/tubing
(equipment rental included,
minus helmet)

\$15 Tubing only (see Ryan for details)

\$120 Multi-student discount available if

you have more than one child in our youth group (Jr. or Sr. High), and more than one plan to attend the retreats, the cost is only \$120 per student for the Sr. high retreat.

(Families needing assistance, please contact Pastor Ryan)

Return completed registration form and payment to the church office no later than Sunday, January 20th.

Make Checks Payable to:LFC

Where are we going?

Camp Spofford, NH

P.O. Box 162, Rt 9A

Spofford, NH 03462

603-363-4788

www.campspofford.org

Drop-Off:

3:15 p.m.

Friday, February 15th

(Please check-in as soon as you arrive.)

Pick-up:

4:30 p.m.

Monday, February 18th at LFC

Packing List:

- Bible and pen
- Sleeping Bag
- Pillow
- Toiletries
- Towel
- Warm Clothes
- Extra spending \$\$ for snacks/2 meals
- Skiing helmet (if you have one)

Don't Bring:

- Cell phones
- Electronics
- Anything questionable

All students must have an annual medical release form filled out and signed by parents for this trip. This can be found at www.lfc.org

Tear off and Return with Payment by January 20th, 2019

Sr. High Winter Retreat

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

I, the parent of _____, authorize my son/daughter to participate in the event mentioned above to be sponsored by Lafayette Federated Church. In the event of an emergency, if I cannot be contacted immediately, the group supervising the event is authorized to seek medical assistance for my child. I release Lafayette Federated Church from all liability.

Parent Signature _____

Date _____

MAKE CHECKS PAYABLE TO: LFC

Payment Type:

- Full Payment... \$140
- Multi-Student Disc. \$120
- Skiing/Boarding \$45
- Tubing \$15

TOTAL: _____

Method of Payment: _____

Check #: _____

Comments: _____