

Lafayette Federated Church

EQUIP

STUDENT MINISTRIES

Jr. High

WINTER RETREAT

Jan. 31-Feb. 2, 2020
Camp Orchard Hill, PA



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

Dates:

Friday, Jan. 31st
to
Sunday, Feb. 2nd

Speaker:

Wayne Morgan

What to Bring:

- Sleeping bag and pillow
- Towels and Toiletries
- Warm clothes (plan for layers), winter coat, snow pants and snow boots.
- Extra Gloves, hats, and apparel for when things get wet
- Plastic bag to put wet things in.
- Sneakers for use in the gym.
- Extra spending money
- Bible and pens

Don't Bring:

- ♦ Cell phones
- ♦ Electronics
- ♦ A bad attitude
- ♦ Anything questionable

Crazy Games, Awesome Worship,
Hanging out with Friends, and
Learning more about
God's Word!


Cost:

\$125 (\$115 if turned in before Dec. 6th)
\$100 per student— multi-student discount**

****Multi-student discount!** 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 **\$110** per student for the Jr. High retreat.

Cost includes travel, lodging, and meals at:

Camp Orchard Hill
640 ORANGE ROAD
DALLAS, PA 18612

 (570) 333-4098

Bring extra \$ for snacks and dinner on the ride up and lunch on the ride home!

(Families needing assistance, please call the church office.)

Return the completed registration form and your check to the church office by

SUNDAY, DEC. 22nd, 2019

-An annual medical release form is also required for this trip. www.lfc.org

Drop-Off:

Leaving from LFC on
Friday, Jan. 31st at 3:45 p.m.
Please check-in as soon as you arrive.
Bus will leave promptly @ 4:00 p.m.

Pick-up:

We will return to LFC on
Sunday, Feb. 2nd at 2:30 p.m.

Space is limited!
Sign up now to reserve your spot!

Tear off and Return with Payment by December 22nd, 2019

Jr. 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 to my child. I release Lafayette Federated Church from all liability.

Parent Signature _____ Date _____

MAKE CHECKS PAYABLE TO: LFC

Payment Type:

- Full Payment...\$125
- Early Reg. \$115 (Before Dec. 6th)
- Multi-Student Discount ...\$110

Received on: _____

Method of Payment: _____
Check #: _____

Comments: _____

