



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

2022
SR. HIGH
WINTER *RETREAT*

January 14th-17th
Camp Spofford, NH

Lafayette Federated Church

EQUIP

STUDENT MINISTRIES

Ice Skating...Ga-Ga...
...Senior Bonfire...
Glow in the Dark Dodgeball...
Daily Sessions...Worship

Don't miss one of the
highlights of the year!

Cost:

\$150 lodging, meals and travel

\$135 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 \$135 per student for the Sr. high retreat.
(Families needing assistance, please contact Pastor Ryan)

Plan to bring some extra \$\$ for meals on the ride to and from Spofford. There may also be items available in the camp store.

Return completed registration form and payment to the church office no later than **Monday, January 3rd.**

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:

3:30 p.m.

Friday, January 14th

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

Pick-up:

4:30 p.m.

Monday, January 17th at LFC

Packing List:

- Bible and pen
- Sleeping Bag
- Pillow
- Toiletries
- Towel
- Warm Clothes
- Extra spending \$\$ for snacks/2 meals

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 3rd, 2022

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 _____

Payment Type:

- Full Payment... \$150
- Multi-Student Disc. \$135

TOTAL: _____

Method of Payment: _____

Check #: _____

Comments: _____