

LCLC

4th-9th Grade Advent Retreat

December 2-4, 2011

Lake Chautauqua Lutheran Center

Attention 4th – 9th Grade Campers!

Can't wait for the March Winter Retreat to get back to LCLC? Do you enjoy the seasons of Advent and Christmas? What better way to combine all that you love about LCLC with the excitement of this special time of the church year.

The LCLC Advent Retreat will include:

Advent Bible Studies and Worships
Reconnecting with old camp friends and making new ones
Campfires, Advent Crafts, Cookie Decorating
Christmas Carols
Games and Hikes
Great Food and Snacks



Join us for this great way to get your Advent and Christmas seasons off to an exciting start. The retreat begins with registration at 7:00 p.m. Friday night and ends at 11:00 a.m. Sunday.

Cost:

\$85/person (Includes a \$10 non-refundable deposit)
Includes programming, great meals, delicious snacks, and lodging.
Registration deadline is November 28, 2011.

Lake Chautauqua Lutheran Center

5013 Rt. 430
Bemus Point, NY 14712 * PH(716) 386-4125 * FAX(716) 386-5714 * contact@lclcenter.org

LCLC 4th-9th Grade Advent Retreat Registration (Please complete Front and Back)

Name _____
First Last Gender DOB Grade

Address _____
Street City State Zip

Phone _____ E-mail _____

Roommate Request _____
Please one name only

Please make checks payable to LCLC or Charge with your Master Card or Visa:

Amount Enclosed _____ Check Number _____
____ Visa ____ Master Card Number _____ Security Code _____
Exp. Date _____ Signature _____ Date _____
Month/Year



An Outdoor Ministry of the Upstate New York Synod of the ELCA
Lake Chautauqua Lutheran Center, Inc.
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LCLC Advent Retreat Consent for Medical Treatment Form

I give my child, _____ my permission to attend Lake Chautauqua Lutheran Center's Advent Retreat on December 2-4, 2011. I also give permission to photograph and record (digitally and analog) my child and to use their images and sound prints in promotional materials for LCLC.

In the event that I/we cannot be reached in an emergency, I/we, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to consent and authorize emergency medical treatment, surgery or dental care to be given to my child, _____ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent or Guardian Signature

Family Physician

Phone

Date

Family Insurance Company

Policy #

Insurance Company Address

City

State

Zip

Home Phone

Work Phone

Allergies, Conditions or Medications of which we should be aware?

Medical Conditions continued....

Secondary Emergency Contact: Name

Phone

Relationship