

LCLC

4th-8th Grade Advent Retreat December 2-4, 2016

Lake Chautauqua Lutheran Center

Attention 4th – 8th 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 Focused 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:

\$95/person (Includes a \$25 non-refundable deposit)
Includes programming, great meals, delicious snacks, and lodging.
Registration deadline is November 28, 2016.

Lake Chautauqua Lutheran Center

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

LCLC 4th-8th Grade Advent Retreat Registration (Please complete Front and Back)

Name _____
First Last Gender DOB Grade

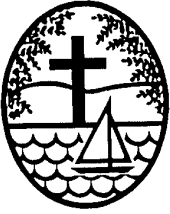
Address _____
Street City State Zip

Phone _____ E-mail _____

Roommate Request _____
Please one name only

Please make checks payable to LCLC or charge with your Visa, MC, AmEx, or Disc. card:

Amount Enclosed _____ Check Number _____
Card Type _____ Card Number _____ Security Code _____
Exp. Date _____ Signature _____ Date _____



Lake Chautauqua Lutheran Center, Inc.

5013 Route 430
Bemus Point, NY 14712
716-386-4125
contact@lclcenter.org



4th-8th Grade Advent Retreat

December 2-4, 2016

LCLC Advent Retreat Consent for Medical Treatment Form

I give my child, _____ my permission to attend Lake Chautauqua Lutheran Center's Advent Retreat on 12/2-4, 2016. 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