

LCLC

Senior High Winter Retreat

January 6-8, 2017

Lake Chautauqua Lutheran Center

Hey Senior High Campers!

You are invited to spend the weekend at LCLC learning about your relationship with God and having an awesome time with new and old friends.

The LCLC Winter Retreat includes:

Experiential Bible Studies

Meaningful Worships

Campfires, Great Music and S'mores

Sledding and Fun in the Snow

Games and Hikes, Great Food and Snacks



Grab a friend, bring your sleds and winter gear and get ready for a great LCLC experience. The retreat begins with registration at 7:00 p.m. Friday night and ends with closing worship at 10:30 a.m. Sunday. Your families are welcome and encouraged to join us for worship.

Cost:

\$95/person (Includes a \$25 non-refundable deposit)

Includes programming, great meals, delicious snacks, and lodging in the Retreat Center.

Registration deadline is December 26, 2016.

Lake Chautauqua Lutheran Center

5013 Rt. 430

Benus Point, NY 14712 * PH(716) 386-4125 * FAX(716) 386-5714 * contact@lclcenter.org

LCLC Senior High Winter Retreat Registration (Please complete Front and Back)

Name _____
First Last Gender Grade DOB

Address _____
Street City State Zip

Phone _____ E-mail _____

Roommate Request _____
Please one name only

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

Amount Enclosed _____ Check Number _____

Card Type _____ Number _____ Security Code _____

Exp. Date _____ Signature _____ Date _____
Month/Year



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LCLC Winter Retreat Consent for Medical Treatment Form

I give my child, _____ my permission to attend Lake Chautauqua Lutheran Center's Winter Retreat on January 6-8, 2017. 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