

LCLC

Senior High Winter Weekend

January 4-6, 2019

Lake Chautauqua Lutheran Center

Hey Senior High Campers! (9th-12th Grades)

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 Weekend includes:

Fun Bible Studies
Meaningful Worship
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 to join us for Sunday worship.

Cost:

\$100/person (Includes a \$25 non-refundable deposit)

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

Registration deadline is December 28, 2018.

Lake Chautauqua Lutheran Center

5013 Rt. 430

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

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

Name _____
First Last Gender Grade DOB

Address _____
Street City State Zip

Phone _____ E-mail _____

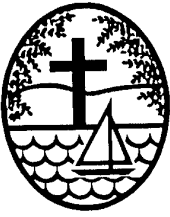
Roommate Request _____
Please one name only

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



Lake Chautauqua Lutheran Center, Inc.

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Bemus Point, NY 14712
716-386-4125
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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 Weekend on January 4-6, 2019. 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