



Guest Speaker:
Megan Egolf
Youth Pastor



PRST STD
US POSTAGE
PAID
Shipshewana,
IN
PERMIT NO. 6



Worship Leaders:
Jake & Maddy Burkle
Cornerstone Ministries
Band



The Brethren Retreat at Shipshewana Lake
9095 W 275 N
Shipshewana, IN 46565
www.brethrenretreat.org



RETURN SERVICE REQUESTED



Et cetera
Et cetera

ReConnect

November 18-20, 2016
Fall 2016
Jr. & Sr. High Youth
ANCHORED

We have this hope as an Anchor for the soul, firm and secure. It enters the inner sanctuary behind the curtain.

Hebrews 6:19



The Brethren Retreat
9095 W 275 N
Shipshewana, Indiana
46565
260-768-4519

Ship's Itinerary

Friday

- 7:30 pm Embarkation
- 8:00 pm Welcome/Ice Breakers
- 9:00 pm Snack
- 9:30 pm Worship/Session 1: Anchored
- 11:00 pm Activity
- 12:00 am Port Of Call

Saturday

- 8:30 am Breakfast
- 9:30 am Personal Devotions
- 10:00 am Worship/Session 2: Anchored
- 11:00 am Large Group Activity
- 12:00 pm Lunch
- 1:00 pm Special Activity
- 3:30 pm TBD Service Project
- 5:15 pm Free Time
- 6:00 pm Dinner
- 6:45 pm Worship/Session 3: Anchored
- 8:00 pm Evening Activity
- 10:00 pm Campfire
- 11:30 pm Activity
- 12:30 am Port of Call

Sunday

- 9:30am Personal Devotions
- 10:00 am Brunch
- 11:00 am Worship/Session 4: Anchored
- Pack Up
- 12:30 Debarkation

Bring- A- Friend: Receive a 50% discount for Winter Blast (February 17-19, 2017) when you bring a friend who did not attend last year.



November 18-20, 2016

Who: 14 -20 years old
When: November 18-20, 2016
Why: Bible Study! Worship! Fellowship! Friends! Food! Campfire!!

How Much: \$90.00
 2 Comfortable Nights, 4 Hearty Meals and 2 Delicious Snacks
 Receive a Nook Gift Certificate
 When Paid in Full by Nov. 11, 2016



Pack: Bible, Notebook, Pen, Toiletries, Bedding, Warm Clothes, Tennis Shoes, Work Clothes & Friends!!

Registration Form

Complete the submit form via snail mail, email, fax or in person BEFORE Nov 11, 2016 and receive a gift certificate for the Novelty Nook. To confirm registration, and for further instructions, contact us at campshipshewana@gmail.com or 260-768-4519

Name: _____

Age: ___ DOB: ___/___/___ M or F

Address: _____

City, State: _____

Zip: _____ Cell Phone: (____)-____-____

Home Phone: (____)-____-____

Camper Email: _____

Emergency Contact: _____

Phone: (____)-____-____

Parent

Name(s): _____

Parent Cell Phone(s) (____)-____-____

(____)-____-____

Parent Email: _____

In signing this document, I hereby certify that the written information is accurate and give permission for the use of photography and video of my child in camp publicity; for my child to be transported in camp-owned vehicles to and from off-campus activities; for the release of medical records in case of illness or injury; and for the camper named herein to engage in all camp activities, except as noted by me or an attending physician. I also give permission to the physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

Parent/Guardian Signature

Date

Please confirm registration and payment by email, Facebook, or phone prior to November 11, 2016. The Brethren Retreat requests this pre-registration to establish a guest count for meals.