



Speakers:

Tre and Adam Herendeen
(Shipshewana, IN)
Program Director and Family



Worship Leader:

Jake Burkle
(Muncie, IN)
Summer Staff Alumni

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

RETURN SERVICE REQUESTED



9095 W 275 N
Shipshewana, IN 46565
www.brethrenretreat.org

Reconnect Retreat
November 16-18, 2018



ReCONNECT 2018

Ages 14-20



November 16-18

FEE: \$90.00

Only \$45.00/person

Remaining \$45.00 covered
by recent gifts to our Scholarship Fund

**2 Comfortable Nights
4 Hearty Meals * 2 Delicious
Snacks, and Tons of Fun**

ReCONNECT

2018 Schedule

Friday

7:30 pm Registration
 8:00 pm Welcome/Worship
 8:30 pm Ice-breakers
 9:00 pm Snack
 9:30 pm Small groups
 10:00 pm Campfire (with session)
 11:00 pm Free time
 12:00 am Bed Time

Saturday

7:15 am Continental Breakfast
 8:00 am Service Project
 11:00 am Small Groups
 11:30 am Free time
 12:00 pm Lunch
 1:00 pm Large Group Activity
 2:00 pm Breakout Sessions
 3:00 pm Free time
 4:00 pm Worship with Jake Burkle
 5:00 pm Games, Crafts, and Fun
 6:00 pm Dinner
 7:00 pm Large Group Activity
 9:00 pm Worship/Session
 10:00 pm Campfire and Snack
 11:00 pm Free Time
 12:30 am Bed Time

Sunday

9:30am Personal Devotions
 10:00 am Brunch
 11:00 am Worship/Session
 12:00 pm Pack Up & Head Out



Summer was fun. But it's been a couple months since we played together. Now it's time to re-connect. Escape to Camp Shipshewana again. Enjoy a relaxing weekend filled w/ friends, food, fun and spiritual refreshment.

Bring friends to ReCONNECT too!

Who: 14 - 20 years old

When: November 16-18, 2018

Why: Bible Study! Worship! Fellowship! Friends! Food!

Bring- A- Friend: Receive a 50% discount for Winter Blast (February 15-17, 2019) when you bring a friend who did not attend ReCONNECT last year.

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

ReCONNECT Fee: \$90.00
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 Remaining \$45.00 covered
 by recent gifts to our Scholarship Fund

First Time Camper

2018 ReCONNECT REGISTRATION FORM 2018

Name: _____ Gender: M F Age: _____ / _____ / _____ DOB: _____ / _____ / _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

eMail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Bunk Mate Request: _____ Church: _____ Pastor: _____

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 to be used 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 child 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, to order injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact / Relationship: _____ Phone: (____) _____

Medications: _____

Behavioral / Other: _____ Activity Restrictions: _____

(Parent/Guardian will be asked to complete a Medication Form prior to arrival)

Please submit completed form and payment by Fri., Nov. 2nd
 Brethren Retreat at Shipshewana Lake
 9095 W 275 N - Shipshewana, IN, 46565

CAMP FEE: \$90.00 (2 comfortable nights/5 hearty meals 2 delicious snacks/Fun Bible Activities)

TOTAL FEE: \$ _____ Check One: Payment Enclosed Online Payment

