



what is this?

This event is a super exciting new retreat, that will allow you to disconnect from a world of distraction and connect with God and others all while destroying stuff. It is going to be a fun time to hang out with friends both new and old while serving God through our time and actions. Come join us for a fun filled event where we get knock down some walls and destory some stuff in order for the west wing of the Laymen's Lodge to get updated and modernized before summer starts! (then come stay in a cool renovated Laymen's Lodge wing this summer at summer camp!)



9095 W 275 N
Shippshewana, IN 46565
www.brethrenreterat.org

RETURN SERVICE REQUESTED



PRST STD
US POSTAGE
PAID
Shippshewana,



demolition youth retreat

(come destroy stuff!)



9095 W 275 N Shippshewana, IN 46565
www.brethrenreterat.org

DEMO DAY

Friday

7:30 pm – Arrive
 8:00 pm – Hang-Out
 9:00 pm – Planned Activity
 10:00 pm – Campfire & S'mores
 11:00 pm – Hang-Out
 12:00 pm – Bedtime

Saturday

7:30 am – Wake Up
 8:00 am – Personal Devotions
 8:30 am – Breakfast
 9:15 am – Demo Begins
 12:15 pm – Lunch
 1:00 pm – Demo Begins Again
 5:00 pm – Clean-up
 5:30 – Dinner (pizza and ice-cream party)
 6:30 pm – Head out

who?
 Youth Ages
 15-24

when?
 March 15-16,
 2019



cost:
 \$20
 Covers 3 tasty meals,
 & 1 cozy night

First Time Camper

2019 REGISTRATION FORM 2019

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

Sex: M F Age: ____ / ____ / ____ Grade: _____ Facebook: Y N email: _____

Phone: _____ Cell Phone: _____ Text Messages: Y N Parent/Guardian: _____

Church: _____ Pastor: _____ Roommate Request: _____

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 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 injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Medications: _____ Behaviors: _____

Specific Restrictions (activity or dietary): _____

TO REGISTER, please send completed form and payment by **March 11** to **Brethren Retreat at Shipshewana Lake 9095**

W 275 N - Shipshewana, IN, 46565

Demo Retreat

2019

RETREAT FEE: \$20.00 Payment Enclosed
 Paid Online Scholarship Requested