

SNOW CAMP 2020

SPECIAL GUEST:
Shannon Cooper
Crossing Education



WORSHIP LEADER:

TBD

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

RETURN SERVICE REQUESTED

BRETHREN RETREAT
at Shipshewana Lake
REFRESH YOUR LIFE
9095 W 275 N
Shipshewana, IN, 46565



SNOW CAMP 2020

January 17th - 19th



*Enter his gates with thanksgiving
and his courts with praise;
give thanks to him
and praise his name.*
Psalms 100:4

Grades 3rd—6th
ONLY \$97.00

2 Comfortable Nights

5 Hearty Meals / 2 Delicious Snacks

BIBLE LESSONS & FUN ACTIVITIES!



9095 W 275 N Shipshewana, IN 46565
260-768-4519 www.brethrenretreat.org

Snow Camp 2020

January 17th -19th

3rd-6th grade

Only \$97.00



Psalms 100:4

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WHAT DO I BRING?

Bible. Friends. Notebook & Pencil.
3 Pairs Comfy Clothes, 2 Pairs Shoes,
Toiletries & Towel , Warm Bedding &
Pillow. Snow Gear: Coat, Boots,
Gloves, Hat, & Sled

DISCOUNTS! DISCOUNTS! DISCOUNTS!

Bring-A-Friend (who did not attend last year) : Received a special gift from the Novelty Nook & a \$25.00 Voucher for Camp Shipshewana 2020!

Snow Camp 2020

FRIDAY

- 7:00pm Registration
- 7:30 Ice Breakers
- 8:00 Worship
- 8:20 Bible Lesson #1
- 8:45 Hot Cocoa & More
- 9:15 Campfire
- 10:30 Sleepy Time



SATURDAY

- 8:00am Breakfast
- 8:45 Personal Devotions
- 8:55 Worship
- 9:15 Bible Lesson #2
- 9:45 Sledding & Indoor Games
- 12:00 Lunch
- 12:45 Hibernate
- 1:15 Crafts & Games
- 2:00 Winter Fun & Contests
- 3:00 Sledding & Indoor Games
- 5:30 Dinner
- 6:20 Worship
- 6:45 Bible Lesson #3
- 7:15 Activity @ TAB
- 8:30 Hot Cocoa & More
- 9:00 Campfire
- 10:15 Sleepy Time



SUNDAY

- 8:00 am Breakfast
- 8:45 Devo & Worship
- 9:15 Bible Lesson #4
- 9:45 Sledding & Indoor Games
- 11:15 Clean & Pack
- 12:00pm Dinner
- (Families Welcome to Join Us @ \$10/person)
- 12:45 Closing Worship w/ Families
- 1:30 Goodbyes



2020 SNOW CAMP REGISTRATION FORM 2020

First Time Camper

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: _____

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

Activity Restrictions:

CAMP FEE: \$97.00 (2 comfortable nights/5 hearty meals 2 delicious snacks/Fun Bible Activities)

Families may join their child for dinner Sunday Noon at 12:00 pm

Number Attending: _____ @ \$10.00/person = \$_____ + \$97.00

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

Please submit completed form and payment by Tues., Jan. 14th

Brethren Retreat at Shipshewana Lake

9095 W 275 N - Shipshewana, IN, 46565