

Association Retreat Center – Osceola, WI

SIDExSIDE/SNO DAZE

Grades 7-12 /Grades 4-7

February 3-5, 2012

Register by Jan. 24th - Cost \$90 After Jan. 24th—Cost \$110

Please register with your church group if possible.

Retreat is 6:30 pm Friday night through Sunday 11:00 a.m.

SIDExSIDE

Speaker

Pastor

Tim

Johnson

is the Sr. Pastor at Christ the King in Pipestone, MN. He is married and has 3 boys. His passion is to see people become open and honest with God where they see their need for Him & surrender their lives to Him.



BROOMBALL – BASKETBALL-VOLLEYBALL – SNOW TUBING & MORE...

Swimming Available for Sno Daze—no cost

Skiing for SIDExSIDE available

Costs: Lift Ticket \$17; Snowboard or ski rental \$18.

What to Bring: Bible, Notebook, Pen, Swimsuit (1 piece), Personal Items, pillow, sleeping bag, towels, canteen money, a friend or two.

Leave at home: Pets, personal music players, video games, cell phones, expensive items, firearms, alcohol & tobacco.

Discounts are available for families having more than 1 child attending these retreats—see registration form.

And Jesus said to them, FOLLOW ME,

and I will make you become fishers of men."

Mark 1:17



Registration Form-2012

Please register me for: Indicate by marking the camp and mail to: Association Retreat Center 2372 30th Ave. Osceola, WI 54020 along with \$25 nonrefundable deposit & completed and signed medical form.

If possible, PLEASE REGISTER & PAY WITH YOUR CHURCH GROUP.

Register by Jan. 24th - Cost \$90

After Jan. 24th—Cost \$110

Cost - Counselor \$45 (to help with meal costs)

SIDExSIDE—(Gr. 7-12) Feb 3-5 **Sno Daze — (Gr. 4-7) Feb. 3-5**

Name _____ Age _____ M/F _____

Phone # _____ Email: _____

Address _____ City/State/Zip _____

Church _____

Roommate Request _____

Qualify for family discount? NO ___ YES ___

If yes list your brothers/sisters _____

Discounts are available for families having more than 1 child attending these retreats—2 children discount of 10% each/3 or more children discount of 15% of each.

Each student under Age 18 must have a completed medical release form unless accompanied by a parent or guardian (please print clearly)

Camper Name: _____

Parent/Guardian (print) _____

Emergency Phone # _____ Daytime _____

Family Insurance Co. _____ Plan/Policy _____

Health Problems/Limitations _____

Medications _____

Allergies _____

Immunizations: Date of last Tetanus Shot _____

Parent's Signature authorizes emergency treatment in the event the parent is not immediately available. This permission authorizes camp staff to inspect camper's belongings to see that they have not brought prohibited or illegal items.

Name: _____ Date _____

Signature of Parent/Guardian

Questions? Call Lori at 800-294-2877 or email arcregistration@centurytel.net

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