

BC3 STUDENT MINISTRY
HIGH SCHOOL FALL RETREAT
2021
OCTOBER 22-24



Orondo, WA - \$55

Attention 9-12th Graders!

I hope you consider joining us for an incredible weekend of drawing near to God together and looking to Him to do a mighty work in our lives. We'll spend some time enjoying the mountains, digging into our Bibles, worshiping, eating, thinking about Jesus, and of course having a lot of fun. Don't miss this incredible opportunity to spend time with God with some great people on the banks of the Columbia River in Orondo. This may end up being the best part of your fall.

Cost is only \$55.00! This covers food, lodging, transportation, and all our activities

Meet at Bear Creek Community Church at 5PM sharp on Friday, October 22nd with all your gear. We will be arriving back at BC3 on Sunday, Oct 24th around 2:00pm. Eat dinner before you arrive on Friday or bring some sort of non-messy dinner for the van ride.

WHAT TO BRING:

- Bible, Pen and Notebook
- Sleeping bag, pillow, camping pad (sleeping on floor)
- Appropriate clothes (we'll spend some time outside)
- Toiletries (but no toilet trees)
- Bath towel
- Shoes that you can walk/hike in
- \$ for lunch on the way home

"You are the light of the world. A town built on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven.

-Matthew 5:14-16

Cost: \$55.00

bc3 HS FALL RETREAT October 22-24, 2021 REGISTRATION FORM

Name _____ Phone _____ Grade _____ Male _____ Female _____

Address _____ City _____

Zip _____ DOB: _____



MEDICAL RELEASE

I, the undersigned (parent or legal guardian) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, injections, anesthesia and/or blood transfusions to the above named minor that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of the medical report(s) to any doctor or agency and consent to the admission of the above-named minor to the hospital.

I have read the above and consent to my child participating in the activities of this event (sports, games, etc.). I also understand that my child is under the authority of the church leadership and that failure to comply with leadership, could result in dismissing my child from the function and my being called to come pick him/her up.

Signature of Parent or Guardian _____

Date _____

Emergency Person (different than above) _____ Emergency Phone _____

List all allergies, special medications, conditions or treatments we need to be aware of _____