



# WINTER TEEN RETREAT 2020

*Registration form*

NON-PROFIT ORG  
POSTAGE PAID  
WAUTOMA WI  
PERMIT NO. 93

Name: \_\_\_\_\_  
 Parent/guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State \_\_\_\_\_ Zip code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_

Gender: \_\_\_\_\_  
 Grade: \_\_\_\_\_

Roommate Choice: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Church name/city: \_\_\_\_\_

Retreat cost for one teen = \$71 \$ \_\_\_\_\_

Retreat cost for one adult leader = \$35 \$ \_\_\_\_\_

**Late registration**  
 (less than 12 days before retreat) = \$5 \$ \_\_\_\_\_

**Junior Staff Discount** = -\$10  
 Total: \$ \_\_\_\_\_

Please make checks out to Camp Phillip

Return this form by December 23, 2019 to:  
**Camp Phillip Teen Retreat**  
**W9944 Buttercup Ave.**  
**Wautoma, WI 54982**  
 or register online at [www.campphillip.com](http://www.campphillip.com)

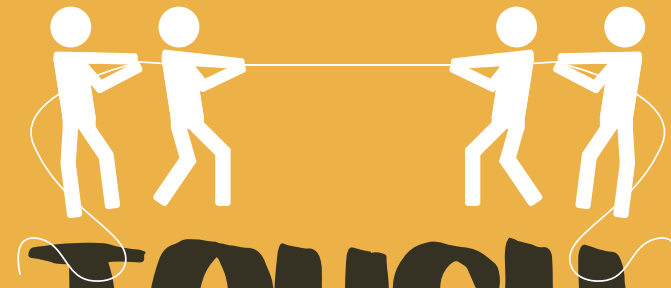
Camp Phillip  
 W9944 Buttercup Ave  
 Wautoma WI 54982



or current resident



**CAMP  
PHILLIP**



**TOUGH  
TALKS**



**WINTER TEEN RETREAT**  
**JAN 3-5 2020**

TEEN RETREATS ARE A  
WONDERFUL OPPORTUNITY TO  
MAKE CONNECTIONS WITH  
OTHER CHRISTIANS, TRY NEW  
THINGS, UNPLUG, CHALLENGE  
YOURSELF, TUNE IN TO GOD'S  
WORD, AND ENJOY FELLOWSHIP  
WITH STAFF AND PEERS WHO  
TRULY CARE ABOUT YOU.



## WHAT'S THE SCHEDULE?

Registration is from 7-8 pm on Friday

There will be breakfast on Sunday morning then 9:30 church and departure.

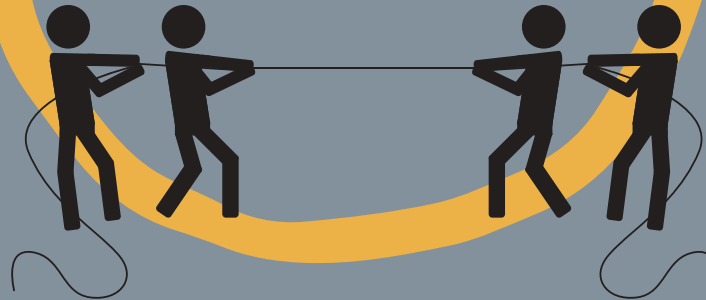
In between there will be campfires, Bible studies, mixers, games, singing, laughing, tubing (optional), tasty meals, and a whole lot of fun!

Teen retreats are for grades 8-12.

"For where two or three  
gather in my name,  
there am I with them."

Matthew 18:20

# TOUGH TALKS



## LEARN WHAT THE BIBLE HAS TO SAY ABOUT:

**MANAGING UNRESOLVED CONFLICT**

**TACKLING DIFFICULT CONVERSATIONS**

**FINDING COMMON GROUND**

## AND WORKING TOGETHER FOR THE SAKE OF THE GOSPEL

## REGISTRATION FORM

I give my permission for my child,  
\_\_\_\_\_, to attend this event.

In the event of an emergency I give permission to the holder of this form to consent to any medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Be advised that my child has the following physical ailments, allergies, recent injuries, emotional or behavioral disorders, heart condition and/or takes the following listed medication:

The parent/guardian of the applicant assumes full responsibility for the applicant's health being such that camp activities will in no way aggravate any conditions present. If in doubt, please seek medical advice.

I understand that there are inherent risks involved in outdoor activities which are beyond Camp Phillip's control and I agree to personally assume such risks. I release from any liability Camp Phillip, the church and staff sponsoring this retreat in the event of any accident en route, during, or returning from this event.

I give permission for my child to be photographed for use in Camp Phillip's promotional efforts.

My signature below affirms that the statements on this form are true and understood.

Parent's signature: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Date signed: \_\_\_\_\_