

## **DISCOUNT OPPORTUNITY:**

(1) Sign-up with a friend (who doesn't already attend Velocity) for the WINTER RETREAT and you BOTH receive a \$20 discount on your registration – that means you each only pay \$100 to attend.

(2) Siblings who both sign-up for the retreat each receive a \$10 discount on registration – that's just \$110 each!

NOTE: Registration forms and deposits must be turned in together to be eligible for a discount. Please contact the church if you are in need of additional financial assistance.

## **DEPARTURE / RETURN TIMES:**

We will MEET Hosanna! Lutheran Church at 5:30 pm on Friday, February 2 to load the bus

Please eat dinner before you arrive, but we WILL have a pizza snack together later that evening.

We will RETURN to Hosanna! Lutheran Church around 11:00 am on Sunday, February 4

We will attend the 11:00 Worship Service as a group, and then formally conclude our retreat at NOON

## **WHAT TO BRING: (PLEASE LABEL YOUR LUGGAGE)**

- Comfortable, modest clothing - dress for the COLD weather and bring clothes you can get dirty
- Comfortable shoes you can run around in (we'd recommend snow boots too)
- Sleeping Bag and Pillow
- Towel, Shampoo, Soap, and other personal care items
- Flashlight
- Water Bottle
- Bible / Notebook / Pens or Pencils / Black Sharpie Marker

**DO NOT BRING** = iPods and other electronics, clothes that cannot get dirty, valuable jewelry or other expensive items, or anything else that could cause harm to you or to someone else...

## **CELL PHONE POLICY:**

Students, we strongly encourage you to **LEAVE YOUR CELL PHONES AT HOME**. Cell phone service is limited at camp and you will be busy all day. If you still want to bring them with you, however, please plan follow these guidelines...

- Students may only use cell phones during designated "FREE TIME" or whenever directed by adult leaders
- Students must **TURN OFF** cell phones during designated "QUIET HOURS"
- Cell phones must **NEVER** be brought into bathrooms or shower areas
- Students must inform a leader before sending messages or calls home during the event

Parents/Guardians may get in contact with their son or daughter at any time during an event by contacting the camp office via the information on the front page. Failure to abide by this policy may result in a student turning over the cell phone to adult leaders for a period of time, removal from activities, or in extreme cases being sent home early. Any questions about this cell phone policy can be directed to Ryan Schaible, Director of Youth Ministries.

## **CANCELATION POLICY:**

All registrations must include a non-refundable \$20 deposit. Once registered, participants may cancel their registration **PRIOR TO** January 8, 2017 without having to make any additional payments. All cancellations made **AFTER** January 8, 2017 will be expected to fulfill the full cost of the event, unless a new participant is found to fill the vacant registration. We apologize for any inconvenience this policy may cause.

## **PLEASE KEEP THIS FLYER FOR YOUR REFERENCE**

Contact Valeri Schuberg (Director of Youth Ministries) for more information  
(630) 584-6434 x 111 or ValeriS@HosannaChurch.com

CHECK-IN ON ACTIVITIES DURING THE RETREAT BY VISITING [INSTAGRAM.COM/VELOCITY\\_HOSANNACHURCH](https://www.instagram.com/VELOCITY_HOSANNACHURCH)

Hosanna! Youth Ministries

**VELOCITY WINTER RETREAT**

[February 2-4, 2018]

**Participant Registration Form**

Please complete this registration form and return it to the Hosanna! Lutheran Church office **NO LATER THAN Sunday, January 17, 2017**. A non-refundable **\$20 retreat deposit** must be included with this registration form. Once you register, you will receive important, updated retreat information as the event approaches.

**General Registration Information (one person per form please):**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Parent Email Address: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian): \_\_\_\_\_

Allergies or Dietary Needs: \_\_\_\_\_

Medications or Medical Conditions: \_\_\_\_\_

**Payment Information and Financial Assistance:**

The total cost for this retreat is \$120, but a certain amount of financial assistance is available. Payment for the retreat may be paid at the time of registration or at any point BEFORE the retreat. Checks should be made payable to "Hosanna! Lutheran Church" and include the student's name in the memo line. Please complete the information below if you are in need of a financial assistance for this event or willing to donate to the scholarship fund.

- We are requesting financial assistance of \$ \_\_\_\_\_ for this event
- We are willing to donate an additional \$ \_\_\_\_\_ to help those in financial need

Deposits are non-refundable. Once registered, if you cancel a registration PRIOR TO January 8, 2017, you will not be responsible for the remaining balance. All cancelations AFTER this date will be expected to pay the remaining balance.

**Participation Consent:**

I hereby give permission for the individual listed above to participate in the Velocity Winter Retreat with Hosanna! Lutheran Church during the dates listed above. I give permission for participation in all retreat activities, including transportation to and from the event. The participant listed above has been instructed to cooperate with camp staff, church leaders, and volunteers and knows that failure to abide by established rules may result in removal from certain activities and, in extreme cases, being sent home at our expense. I consent to allow appropriate photographic and/or video images to be taken and used to promote future retreats or activities by Hosanna! Lutheran Church and/or Dickson Valley Camp. I also agree to hold Hosanna! Lutheran Church, Dickson Valley Camp, or any directors, employees, or volunteers connected to the retreat harmless of any liability related to participation in retreat activities. I authorize assigned leaders (whether staff or volunteer) of Hosanna! Lutheran Church or Dickson Valley Camp to make decisions in their best judgment regarding medical care including emergency care. It is understood that effort shall be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature