

# GROW in the SNOW 2018



A Winter Youth Retreat  
for Grades 6-12 at  
Camp Mount Luther

Starts: Feb. 9, at 6:30 p.m.  
Ends: Feb. 10, at 4:00 p.m.

**Gather with your peers to explore prayer,  
especially the Lord's Prayer**

**Play winter games**

**Find refreshment in the winter outdoors!**

Bring a sleeping bag, pillow, toiletries, towel, flashlight, warm and outdoor play clothes, and a snack/drink to share at our Junk Food Buffet! Please leave personal electronic devices at home. We are not responsible for lost, damaged, or stolen items.

Registered groups should provide one adult (over 21) for every seven youth. Cabin assignments will be made based on available adults and number of youth attending.

Cost is \$59 if registered by January 30, 2018. A late fee of \$25 added after that date. No refunds will be given after January 30. Make checks payable to Camp Mount Luther and send to:



**CAMP MOUNT LUTHER**

355 Mt. Luther Lane, Mifflinburg, PA 17844

Phone: (570) 922-1587 Fax: (570) 922-1118  
E-Mail: [cml@campmountluther.org](mailto:cml@campmountluther.org)

You can come just for the events on Saturday. Please arrive at the Evergreen Center by 8:45 a.m. If you will arrive for breakfast, please let us know! Cost for one day is \$40.

## GROW IN THE SNOW 2018 REGISTRATION FORM

All participants need a signed registration form

Congregation: \_\_\_\_\_

Youth Grade: \_\_\_\_\_ or Adult \_\_\_\_\_ (circle gender) Male Female

Adults are asked to pay the full registration fee (we encourage churches to pay for their leaders). It is requested that adults have their required state clearances as required by law.

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Permission to take part in program:** I am interested in the policies, goals, and programs of Camp Mount Luther and the Upper Susquehanna Synod and hereby give consent and give permission to participate in this program. My child may be driven by an insured adult and will be restrained while in the vehicle by a seat belt. Any photos or video recordings taken in which I or my child might appear may be used for promotion of the camp/synod free of any claims. I authorize emergency treatment as necessary in the event that I cannot be contacted immediately, should the need arise. Prescription medicine will be handled by the person designated by a child's parent or legal guardian. Adult Supervisors cannot give other medications or medical treatment, other than that which may be deemed necessary in an emergency, and will not be held liable. If my child misbehaves, I authorize the adult supervisor to contact me and I will pick up my child from the activity.

Emergency Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy/Group Identification Number \_\_\_\_\_

Known Allergies/Restrictions/Dietary Needs/Special Diet:

Signature (of parent/legal guardian if under 18):

\_\_\_\_\_ Date \_\_\_\_\_

Total registration fee needs to be paid when you register. Questions?  
Contact Camp Mount Luther for more information.