



**LCLC**  
Lake Chautauqua Lutheran Center

# 4<sup>th</sup>-8<sup>th</sup> Grade Winter Retreat

March 3-5, 2023

## Just for 4<sup>th</sup>-8<sup>th</sup> Graders!

You are invited to spend the weekend at LCLC learning about your relationship with God and having an awesome time with new and old friends.

### The LCLC Winter Weekend includes:

- Fun Bible Studies
- Meaningful Worship
- Campfires, Great Music and S'mores
- Sledding and Fun in the Snow
- Games and Hikes, Great Food and Snacks



Grab a friend, bring your sleds and winter gear and get ready for a great LCLC experience. The retreat begins with registration at 7:00 p.m. Friday night and ends with closing worship at 10:30 a.m. Sunday. Your families are welcome to join us for Sunday worship.

### Cost:

\$120/person (Includes a \$25 non-refundable deposit)  
Includes programming, great meals, delicious snacks, and lodging in the Retreat Center.  
Registration deadline is February 24, 2023.

### Lake Chautauqua Lutheran Center

5013 Rt. 430  
 Bemus Point, NY 14712 \* PH(716) 386-4125 \* FAX(716) 386-5714 \* [contact@lclcenter.org](mailto:contact@lclcenter.org)

## LCLC 4<sup>th</sup>-8<sup>th</sup> Grade Winter Retreat Registration (Please complete Front and Back)

Name \_\_\_\_\_  
First Last Gender Grade DOB

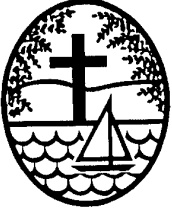
Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Roommate Request \_\_\_\_\_  
Please one name only

Please make checks payable to LCLC or charge with your credit card: (Visa, MC, AmEx, Disc. accepted)

Amount Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_  
 Card Type \_\_\_\_\_ Number \_\_\_\_\_ Security Code \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month/Year



**Lake Chautauqua Lutheran Center, Inc.**

5013 Route 430  
Bemus Point, NY 14712  
716-386-4125  
contact@lclcenter.org



**4<sup>th</sup>-8<sup>th</sup> Grade  
Winter Retreat  
March 3-5, 2023**

**LCLC Winter Retreat Consent for Medical Treatment Form**

I give my child, \_\_\_\_\_ my permission to attend Lake Chautauqua Lutheran Center's Winter Retreat on March 3-5, 2023. I also give permission to photograph and record (digitally and analog) my child and to use their images and sound prints in promotional materials for LCLC.

In the event that I/we cannot be reached in an emergency, I/we, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to consent and authorize emergency medical treatment, surgery or dental care to be given to my child, \_\_\_\_\_ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

\_\_\_\_\_  
Parent or Guardian Signature Family Physician Phone

\_\_\_\_\_  
Date Family Insurance Company Policy #

\_\_\_\_\_  
Insurance Company Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone Allergies, Conditions or Medications of which we should be aware?

\_\_\_\_\_  
Medical Conditions continued... Secondary Emergency Contact: Name Phone Relationship