



LCLC
Lake Chautauqua Lutheran Center

4th-8th Grade Winter Retreat

March 1-3, 2024

Just for 4th-8th 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

Register online at:
lclcenter.campbrainregistration.com

Grab a friend, bring your sleds and winter gear and get ready for a great LCLC experience.

- ◆ Arrival & Registration: 6:30-7:30 pm Friday
 - ◆ Closing Worship: 11:30 am Sunday
- Your families are welcome to join us for Sunday worship.

Cost:

\$130/person (Includes a \$25 non-refundable deposit)
Includes programming, great meals, delicious snacks, and lodging in the Retreat Center.
Registration deadline is February 26, 2024.

Lake Chautauqua Lutheran Center

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

LCLC 4th-8th Grade Winter Retreat Registration (Please complete Front and Back)

Name _____
First Last Gender Grade DOB

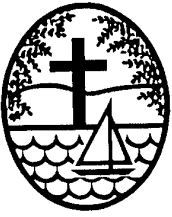
Address _____
Street City State Zip

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



**4th-8th Grade
 Winter Retreat
 March 1-3, 2024**

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