

## Registration

It is important that you complete all of the registration information below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church City: \_\_\_\_\_  
Age: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_

I will attend (check one)

Moon Beach Oct. 10-12, 2008 \_\_\_\_\_

Camp Pepin Oct. 24-26, 2008 \_\_\_\_\_

Scholarship Needed? \_\_\_\_\_

Are you attending as a chaperone? \_\_\_\_\_

Please return this registration form, medical release statement, and your payment to your church who will then make one check for all registrations payable to The Northwest Association of the United Church of Christ.

## Post Mark Registration

Deadline:

Wednesday, Oct. 1, 2008 for Moon Beach  
Wednesday, Oct. 10, 2008 for Camp Pepin

## WHAT YOU NEED TO KNOW

### Cost of Camp

The cost of the camp is \$95.00 per individual, paid to your local church, who will make one check payable for all registrations to the Northwest Association of the United Church of Christ. This check, with all individual registration forms is due by the appropriate postmark date found on the registration form.

### Scholarship Assistance

\$20.00 is available for students and chaperones upon request on a first come first served basis until scholarship funds have been exhausted. Please contact the Northwest Association Office or Rev. Phil Schneider, the Confirmation retreat Coordinator, with questions regarding scholarships.

### Safe Sanctuaries

The NWA follows the Wisconsin Conference Safe Sanctuary Guidelines.. Our goal is to provide a safe environment for all youth who are entrusted to our care. Therefore as a Chaperone, you must complete and return the form, "Covenant of Relationship for People Working with Children and Youth". This form can be obtained from the Northwest Association Office or can be downloaded from the NWA website at: <http://nwaucc.org>.

### Churches' responsibilities

Home church responsibilities include sending forms and money in on time, providing one adult chaperone for every five students (remember, each church must have male and female chaperones if you have male and female student). Each church will also need to provide a snack for the "Snack Kitty."

# 2008 CONFIRMATION RETREAT for the NORTHWEST ASSOCIATION of the WISCONSIN CONFERENCE of the UNITED CHURCH OF CHRIST

October 10-12, 2008  
Moon Beach

October 24-26, 2008  
Camp Pepin

## CELEBRATE WHAT'S RIGHT IN YOUR LIFE!



This event is sponsored by:  
THE NORTHWEST ASSOCIATION DIVISION ON  
MINISTRY IN THE LOCAL CHURCH

## CELEBRATE

### WHAT'S RIGHT IN YOUR LIFE!

- Believe it and you will see it
- Unleash the energy
- Look for the possibilities
- Change: it can take your life to the edge!

## LEARNING

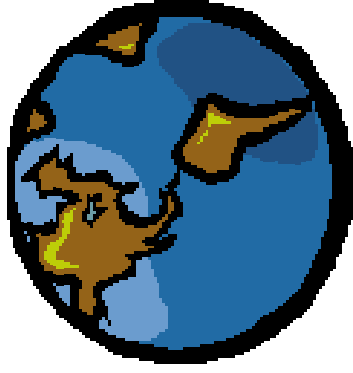
### HOW

to be  
your best  
for the

# W O R L D

We will also:

- Learn some great music and meet the 2008 members of the band "Captive Free".
- Hear powerful personal stories.
- Study the Bible.
- Pray and play together.
- Thank about choices in our lives.
- Create art.
- Perform skits.
- WORSHIP together.



Confirmation of your registrations will be mailed to your church along with a schedule of events and directions to the camp of your choice.

Registration at both retreats begins at 7:00 pm on Friday evening, with the program beginning promptly at 8:00 pm.

Both retreats conclude on Sunday at 11:30 am.

Send your completed registrations and Medical Release Statements with one check from your church made payable to:

Northwest Wisconsin Association

United Church of Christ

1235E Menomonie Street

Eau Claire, Wisconsin 54703-5974

Please note:

Each church group attending should send all registration material in one envelope. The entire fee of \$95.00 per individual is due with your registration, of which \$25.00 is non-refundable.

## Medical Release Statement

I give my permission and consent for my child's participation in the Northwest Association's confirmation retreat at Moon Beach or YMCA Camp Pepin.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia or to order medication or surgery for my child.

My child does not have any medical problems or physical disability, nor is she/he allergic to any medications except for the following:

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Signature of Parent/Guardian:

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

Emergency Contact Information # 1:

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

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

Phone 2: \_\_\_\_\_

Emergency Contact Information # 2:

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

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

Phone 2: \_\_\_\_\_