

# 2024 Winter/Spring Retreat Registration Form

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Church \_\_\_\_\_  
Special Needs \_\_\_\_\_  
Housing Request \_\_\_\_\_



## Freedom Quest Retreat

**January 5-7**

Cost: \$115 \$ \_\_\_\_\_

Private Bathroom request @ \$50= \$ \_\_\_\_\_



## Winter Youth Retreat

**February 9-11**

Cost: \$106/Person \$ \_\_\_\_\_



## March Couples' Retreat #1

**March 8-10**

Cost: \$260/Couple \$ \_\_\_\_\_

Private Bathroom request @ \$50= \$ \_\_\_\_\_



## March Couples' Retreat #2

**March 15-17**

Cost: \$260/Couple \$ \_\_\_\_\_

Private Bathroom request @ \$50= \$ \_\_\_\_\_



## Crafting Retreat March 22-24

Cost: \$136/Person \$ \_\_\_\_\_

Arrive Wednesday +\$100 \$ \_\_\_\_\_

Arrive Thursday +\$50 \$ \_\_\_\_\_

Private Bathroom request @ \$50= \$ \_\_\_\_\_



## Men & Boys Retreat April 5-7

Adult (18+) # \_\_\_\_\_ @ \$112= \$ \_\_\_\_\_

Youth (10-17) # \_\_\_\_\_ @ \$82= \$ \_\_\_\_\_

Kids (2-9) # \_\_\_\_\_ @ \$60= \$ \_\_\_\_\_

Private Bathroom request @ \$50= \$ \_\_\_\_\_



## Men's Retreat April 19-21

Cost: \$136/Person \$ \_\_\_\_\_



## Women & Girls Retreat April 26-28

Adult (18+) # \_\_\_\_\_ @ \$112= \$ \_\_\_\_\_

Youth (10-17) # \_\_\_\_\_ @ \$82= \$ \_\_\_\_\_

Kids (2-9) # \_\_\_\_\_ @ \$60= \$ \_\_\_\_\_

Private Bathroom request @ \$50= \$ \_\_\_\_\_

## Retreat Total

\$ \_\_\_\_\_

Minimum deposit due for each registration: **-\$50**

Balance due at retreat: \$ \_\_\_\_\_

### Youth Retreat Campers must have this completed to attend:

Birth date \_\_\_\_\_ M/ F Age \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Emergency Contact (will only call if we can't reach parents) \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medication \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Health Problems/Special Needs/Including Dietary \_\_\_\_\_

PARENTS: Please read, sign and date the following:

Our insurance coverage is a secondary coverage while your camper is at VCBC and engaged in camp-sponsored activities. Our camper insurance begins where yours terminates.

IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

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

### Family Retreats:

Kids Names:

Name \_\_\_\_\_ M/F Birthdate \_\_\_\_\_

Name \_\_\_\_\_ M/F Birthdate \_\_\_\_\_

Name \_\_\_\_\_ M/F Birthdate \_\_\_\_\_

Please make your check payable to VCBC, OR:

Charge \$ \_\_\_\_\_ to my credit card [ ] Visa [ ] MC [ ] Discover

CIV \_\_\_\_\_ Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name on Card \_\_\_\_\_

Please mail this form with your payment to: VCBC, 1588 Drake Road, Lansing, IA 52151  
or register online at [www.villagecreek.net](http://www.villagecreek.net) You may also email a picture of this to [camp@villagecreek.net](mailto:camp@villagecreek.net).

A confirmation email will be sent when your registration is processed.