



Welcome to Village Creek!

Our retreat schedule is designed to make your time at camp a memorable experience. Chapel times to challenge and encourage you, quiet time to spend with God each morning, and fun at every turn awaits our guests. We hope you'll make yourself comfortable and plan to get away from the distractions of your regular busy life.

Don't forget to bring:

- bedding (sheets, pillows, and blankets)
- bath towels
- older clothes (it's camp!)
- gym shoes
- shower caddy, personal items
- Bible, paper and pencil
- water bottle
- extra money for canteen and camp store & activities
- long pants and closed-toed shoes for riding horses and challenge course
- warm clothes for outdoor activities
- glasses/contacts and cleaning solution
- prescription medication (give to youth leader)

Additional Information

Meals are served buffet style and include a variety of options. If you have allergies or sensitivities please list those in the special needs section and we will do our best to accomodate the request.

The weekend fee includes housing, meals, and many activities. Some activities do have a surcharge like Trail Rides (\$20), Zip Line (\$8) and Airsoft (\$8). Cash is accepted when signups occur.



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

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



YOUTH RETREATS



FEBRUARY 7-9
OCTOBER 17-19
OCT 31-NOV 2



LANSING, IOWA
villagecreek.net

YOUTH RETREATS

FEBRUARY 7-9
OCTOBER 17-19
OCT 31-NOV 2



A weekend to remember for those
in grades 6-12!

Bring a friend or your whole
youth group - and meet with other
students from all over the midwest!



VILLAGE CREEK BIBLE CAMP 2025 Retreat Registration Form

Name _____
Mailing Address _____
City _____ ST _____ ZIP _____
Phone # (_____) _____ - _____
E- Mail _____
Church _____
Special Needs _____

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 _____

☐ **Winter Youth Retreat** February 7-9
Cost: \$110/Person \$ _____

☐ **Fall Youth Retreat #1** October 17-19
Cost: \$110/Person \$ _____

☐ **Fall Youth Retreat #2** Oct 31-Nov 2
Cost: \$110/Person \$ _____

RETREAT TOTAL \$ _____
Minimum deposit due for each registration: **-\$50**
Balance due at retreat: \$ _____

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 _____

Please make your check payable to VCBC, OR:

Charge \$ _____ to my credit card

[] Visa [] MC [] Discover
CVC _____ Exp. Date ____/____/____
Account # _____ - _____ - _____ - _____
Signature _____
Printed Name on Card _____
Billing Zip Code _____

REGISTER ONLINE @ villagecreek.net