

# FALL YOUTH RETREATS

# 2026



# OCTOBER 16-18 OCTOBER 23-25

A weekend you'll never forget—open to everyone in grades 6–12!

**Bring a friend—or your whole youth group—and connect with students from all across the Midwest!**

**REGISTER ONLINE @  
[villagecreek.net](http://villagecreek.net)**

**AWESOME WORSHIP  
ENCOURAGING SPEAKERS  
GREAT FOOD  
CAMP ACTIVITIES  
OLD AND NEW FRIENDS  
MEET JESUS IN FRESH NEW WAYS**

A weekend you'll never forget—open to everyone in grades 6–12!

**Bring a friend—or your whole youth group—and connect with students from all across the Midwest! Great worship - a great speaker - great food - and always an amazing weekend!**

# 2026 Winter Youth Retreat Registration Form

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

**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 \_\_\_\_\_

**Fall Youth Retreat #1**      **October 16-18**  
 Cost: \$110/Person                      \$ \_\_\_\_\_

**Fall Youth Retreat #2**      **October 23-25**  
 Cost: \$110/Person                      \$ \_\_\_\_\_

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 \_\_\_\_\_  
 Billing Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**Register Online at**  
**[villagecreek.net](http://villagecreek.net)**

**or contact [camp@villagecreek.net](mailto:camp@villagecreek.net)**  
**for more information.**



## Always an amazing weekend!

The cost for the weekend is \$110 - but don't let finances keep you away. We have scholarships available!

[villagecreek.net](http://villagecreek.net)