



Inspiration Point

CHRISTIAN CAMP + RETREAT CENTER

Name _____
 Address _____
 City _____ St _____ Zip _____
 Phone () _____ Email _____
 Church _____ Roommate _____
 1st Time at IPoint? Yes No Food allergies/dietary restrictions _____

| Event | Dates | Lodging/Price | Discount Deadline |
|--|---------------------|--|-------------------|
| <input type="checkbox"/> Men's Retreat | January 21-22, 2022 | <input type="checkbox"/> RO-\$120 <input type="checkbox"/> OPS-\$120 <input type="checkbox"/> VG-\$100 <input type="checkbox"/> OP-\$100 | January 7 |

Registrations paid in full by early registration discount deadline receive a \$25 discount. Housing is assigned in order of registrations received. Registration must include a \$50 non-refundable, non-transferable deposit.

Emergency Contact _____ Phone () _____

Lutheran Brethren Bible Camp, Inc. Medical/Media Release

CONSENT: I have chosen to attend Inspiration Point, designating camp officials to act on my behalf in authorizing routine and/or emergency medical care. I also agree to hold harmless Lutheran Brethren Bible Camp, Inc. for any and all claims for injuries, causes for action, or liability related to use of all camp facilities (such as, but not limited to adventure course, climbing tower, tubing hill, zip line, etc.). I understand that any guest willfully destroying property will be charged accordingly. I further authorize the camp to use photos or video taken of me at camp for promotional purposes.

Signature _____ Date _____

Payment Information:

Amount: \$ _____ Check# _____ Credit Card (Visa, MasterCard, Discover) EXP. Date ____/____/____
 Name on card _____ Card# _____
 Billing Address _____ City _____ St _____ Zip _____
 Signature _____ Date _____



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