

# Primetime Retreat ~ 2025

To guarantee a spot, **registration forms must be turned in by February 5th.**

**COST:** \$185.00 for one child      **WHEN:** Fri, Feb. 21<sup>st</sup> – Sun, Feb. 23<sup>rd</sup>  
\$160.00 for second child from the same family

**NOTE:** *We don't want the cost to prevent a student from attending. We do have some partial scholarships available. Please let us know if there is a need.*

**WHO:** Grades 6<sup>th</sup> – 8<sup>th</sup>

**WHERE:** Lake Beauty Bible Camp, Long Prairie, MN 320-732-3218

## Miscellaneous Information:

- **Be at the church at 5:15pm on Friday, February 21<sup>st</sup>.** We will return to Christ Church at approximately 1:00 pm on Sunday, February 23<sup>rd</sup>.
- **Bring a snack or pop to share with the group.** *These will be collected when you arrive at church.* **All 6<sup>th</sup> grade students, bring a 2 liter bottle of soda pop to share.**  
**All 7<sup>th</sup> & 8<sup>th</sup> grade students bring a snack to share.** (Chips, brownies, cookies, goldfish crackers, pretzels, etc)
- **Packing list:** Bible, sleeping bag & pillow, towel, personal items, flashlight, water bottle, "overnight stuff", warm outdoor winter clothes (hat, boots, gloves, coat), and other modest clothes (no spaghetti straps or undergarments showing).
- **Please leave at home all electronics (cell phones, electronic games, etc.) and other valuables (jewelry, etc.).**



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## 2025 Primetime Retreat Registration and Medical Release Form

Total enclosed \$ \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Group Leader \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

"I hereby consent to any medical treatment deemed necessary during the Primetime Retreat for my child \_\_\_\_\_. I assume the risk and financial responsibility for injury or liability resulting from their participation."

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Name of Insurance Company/Policy Number

\_\_\_\_\_  
Name and phone numbers of emergency contact

\_\_\_\_\_  
Special concerns/allergies/medications/other, for my child (use back if needed)

**Parents are welcome!** I am interested in attending the retreat and helping where needed    **Yes**   **No**   Parent  
Name \_\_\_\_\_      Adult Cost = \$160      (circle one)