

you are invited...



nov. 18-20th, 2011



Don't you feel like sometimes you need to get away?

Often when we are too busy, too distracted, too stressed or just too tired God calls us away from our routine, schedules and expectations and tells us to rest. Retreats are meant to be a time to recharge, to remove ourselves from day-to-day life when it seems like an uphill battle. Maybe it's time to get away to just be with God, to feel his presence in a new way and to renew your sense of purpose and direction. That's what [re]treat is all about. We're going to get away as a group and reconnect with God and each other.

[re]creation

- * Enjoy three days away in the beautiful Beaver Valley.
- * Chill in a huge retreat centre complete with fire-pit and leaf-covered trails.
- * Games, movie night and fun activities to help you unwind.

[re]new

- * Learn how God has made you to know Him through evening sessions.
- * Rest in God's presence through our 'vespers', the ancient morning prayer of the early Church.

[re]turn

- * Meet new friends and reconnect with old friends and leaders.
- * Plenty of free time to pray, hang out and do as you like!



[re]treat 2011

REGISTRATION FORM

Where & When?

The WSM Sr. High Retreat will take place from Friday, November 18th to Sunday, November 20th, 2011 at The Retreat in Clarksburg, ON. The registration fee includes accommodation, travel costs, all meals through brunch on Sunday and all program expenses. We will meet at the church at 6:30pm on Friday evening and it will be assumed that all students have already eaten dinner. We will return to the church on Sunday afternoon.

What to Bring?

Personal stuff, pillow and sleeping bag, Bible, pen & notebook, good shoes/clothes for hiking and playing outdoor games.

What to Expect?

We're aiming to have a fun and relaxing weekend away – taking some time away from the distractions of everyday life to be together and be with God.

Personal Info:

Name: _____ Age: _____ Sex: M F

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Allergies/Medical Concerns: _____

Health Card Number: _____

Name of Family Physician: _____

Physician's Phone Number: _____

Registration Fees:

___ Regular Rate (form and money to your leader by Nov. 12) \$65.00 CAD

___ Late Rate (form and money to your leader after Nov. 12) \$75.00 CAD

PLEASE NOTE: Cheques should be made payable to 'Westheights Community Church'

Parent Agreement:

I give my permission for my child to attend the WSM Sr. High Retreat and participate in all group activities. Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Westheights Community Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, x-rays or treatment, that parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian: _____ Date Signed: _____

Emergency Phone Number: _____

Visit CONNECT.WESTHEIGHTS.ORG for more info.