

# Winter Retreat 2017

## Information Sheet

### **Retreat Dates/Times:**

The retreat will begin on Thursday, January 5<sup>th</sup> 2017 at noon and will be over at noon on January 7<sup>th</sup>, 2017. We have tried to make the retreat before most Colleges start their Spring Semester. There will NOT be a lunch served on the grounds by Southland Christian Ministries for either Thursday noon or Saturday noon. We realize that not all of the attendees will be able to arrive at noon because of work and travel, so we did not plan on providing a lunch. This early arrival is designed for final registrations, extra fellowship, and recreational activities, such as volleyball, fishing, paddle-boating, canoeing, ping-pong, pool, human foosball, etc. Supper begins at 5:00pm on Friday. The first session will not begin until 6:00pm, after supper.

On Saturday (at noon), anyone who desires to attend an off-site location for a free lunch hosted by HBC Shreveport, are encouraged to do so. We will need a head count for this.

There may be some who would like to stay over for Lord's Day services at HBC Shreveport. If you desire to do this, we may have some host homes within that can provide accommodations free-of-charge. Please speak with Paul Haines to make these arrangements ahead of time.

### **Who may attend:**

This retreat is focused on adults, ages 18-35 years old, including High School, College, and Career. Older high school students and parental sponsors are welcome as well.

### **Location:**

The Southland Christian Ministries camp is located at 3555 US Route 371, Ringgold, LA 71068, about 17 miles south of I-20 on Hwy 371 near Sibley, Louisiana. They have hotel style rooms and cabins available. There is a limitation on the number of hotel style rooms, which will be assigned based on those who register first.

### **Cost:**

We have arranged for a discount for early registration at \$50 (before December 1<sup>st</sup>), regular registration of \$60 (before January 1<sup>st</sup>), and a late registration of \$65 (after January 1<sup>st</sup>). This will cover the cost for two nights stay and five meals, plus the lunch. We strongly recommend that you register and pay before December 1<sup>st</sup> and reserve your accommodations.

### **What to Bring:**

If you are staying in a cabin, then you will need to bring your own linens for showers, and either sheets, bedding or sleeping bag (whichever is preferable). Please also bring a Bible and something for note-taking. If you are staying in the hotel style rooms, linens are provided. Please note that there are four sleeping areas per each hotel room and ten sleeping areas in each cabin.

**How to Register:**

Print out the form from our website at [hbcshreveport.com](http://hbcshreveport.com), fill out the form, either email or mail the registration. You will also need to fill out a church waiver and send a check to Heritage Baptist Church, 2801 Creswell Avenue, Shreveport, LA 71104, for the correct amount. Please note in memo section that this is registration for the retreat. You will also need to fill out an additional release form supplied by Southland Ministries. Anyone under 18 must have these signed by a parent.

**Questions:**

Please refer questions to Paul Haines at Heritage Baptist Church, Shreveport. His email is [phaines2002@bellsouth.net](mailto:phaines2002@bellsouth.net) or call 318-230-5281.

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See Registration form attached below:

# Reformed Baptist Winter Retreat 2017

## Registration

Date Received: \_\_\_\_\_

First Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

Age by 01/05/17: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Attending: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church City/State: \_\_\_\_\_

Planned Arrival: Time: \_\_\_\_\_ Date: \_\_\_\_\_

Planned Depart: Time: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Lodging: Cabin: \_\_\_\_\_ Hotel style: \_\_\_\_\_

Night's spent at CMC: Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Planned Meals Thurs: Supper: \_\_\_\_\_

Planned Meals Friday: Bfast: \_\_ Lunch: \_\_ Supper: \_\_

Planned Meals Sat: Bfast: \_\_\_\_\_ Off-site Lunch: \_\_\_\_\_

In Emergency Contact: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Method of payment: Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Other Family Attending: \_\_\_\_\_

Transportation Method: \_\_\_\_\_

Comments: \_\_\_\_\_

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If under 18:

Parent's name: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Parent attending? \_\_\_\_\_