



WINTER BLAST YOUTH RETREATS

Middle School and High School Youth Groups

715-546-3647 | shuphyl@campluther.com | www.campluther.com | Three Lakes, WI

READY FOR AN UNFORGETTABLE WEEKEND?

Community-focused.
Action-packed.
Snow-filled.
Faith-building.

Experience a weekend in the Northwoods that's filled with adventure, laughter, and some amazing hot chocolate. More than that, this weekend provides your group with the opportunity to recharge and be reminded once again of who they are in Jesus Christ.

Even better, the entire weekend is led by incredible Camp Luther staff members to give you a break and allow you to focus on building relationships with your students.

PREPARE TO EXPERIENCE...

- Broomball
- Downhill Tubing
- Cross-Country Skiing
- Campfires
- Group Building
- Worship and Devotions
- Bible Study

2024 DATES

WEEKEND #1	JAN 12-14
WEEKEND #2	JAN 19-21
WEEKEND #3	JAN 26-28

FREQUENTLY ASKED QUESTIONS

WHO?

Middle-school and high-school aged youth groups.

WHEN?

Retreats are offered throughout January. You may also contact Camp Luther to set up your own retreat if none of the above dates work for your group.

TIME?

Retreats begin Friday evening and finish Sunday morning.

COST?

\$135/person. This includes two nights, four meals, and full retreat programming.

ADULT LEADERS?

Camp Luther requires one adult per eight youth, with at least one male and one female adult for co-ed groups. Any required adults attend the retreat for FREE.

READY TO REGISTER?

Fill out the registration form on the back of this flyer and return to Camp Luther.

QUESTIONS?

Contact Shuphyl (Camp Luther's Retreats Program Manager) at shuphyl@campluther.com with questions or to request more information.

Camp Luther Winter Blast Youth Retreat Reservation

Church Name: _____

Church Mailing Address: _____

Church Phone Number: _____

Church Email Address: _____

Group Leader Name*: _____

Group Leader Email: _____

Group Leader Phone Number(s): _____



This should be the name of the best person to contact with questions about the details of your Winter Youth Retreat.

WINTER BLAST DATE OPTIONS

Please select the retreat you plan to attend.

- Weekend #1 (January 12-14) Weekend #2 (January 19-21) Weekend #3 (January 26-28)

GROUP NUMBERS

Please provide your best participation estimates at this time. Final group numbers, with an exact count of male and female participants, are required 15 days prior to the retreat.

Number of Female Adults _____
Number of Male Adults _____
Number of Female Youth _____
Number of Male Youth _____

WE ARE BRINGING:

- Middle School Students
 High School Students
 Both

- One adult is required for every 8 youth.
- Co-ed groups are required to have at least one male and female adult.
- Required adults attend free. Additional adults are full price.

For Office Use Only:

Date Received: _____
Deposit: _____
Balance: _____

IMPORTANT REGISTRATION INFORMATION

- A minimum deposit of \$250 is due at the time of your registration. Total cost is \$135/person.
- Cancellations must be made in writing. Cancellations made at least 15 days in advance of the retreat will receive a refund less a \$25 processing fee. No refunds will be given within 15 days of the retreat.
- Registrations are processed when both the registration form and initial deposit are received. Space may be limited, so please remember to include your deposit.
- You will receive written confirmation once your registration has been processed.
- The deadline for registrations is two weeks prior to the starting date of the retreat.
- Camp Luther reserves the right to cancel this event at any time.

FOOD ALLERGIES

It is up to the group leader to communicate any food allergies or dietary restrictions in their group to Camp Luther at least two weeks prior to the retreat. For questions about specific accommodations or menu information please contact Basil, our Kitchen Manager, at kitchen@campluther.com or 715-546-3647.

phone: (715) 546-3647 email: shuphyl@campluther.com
website: www.campluther.com

1889 Koubenec Rd, Three Lakes, WI 54562

PAYMENT INFORMATION

Card Type: _____

Visa, Mastercard, and Discover only please.

Name on Card: _____

Number: _____

Validation Code: _____

Expiration Date: _____

Amount to Charge: _____

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 Check Enclosed

Check Amount: _____