

# WINTER WHITEOUT

**Our annual Winter Teen Retreat is here again! It's sure to be a weekend packed with a BLIZZARD of activities! Warm up with friends, old and new, and be ready to shovel a clear path through God's Word! Don't be left in the cold, come make memories that won't melt away with the snow!**

**Speaker: Joel Bertles**

**BRING: Bedding, towel, bathroom items, Bible, sneakers, several changes of clothes, SNOW CLOTHES AND GLOVES!**

**DETAILS:**  
**Dates: Feb. 3-5, 2017**  
**Grades: 7-12**  
**Time: 7:00 pm Friday to 2:00 pm Sunday**  
**Cost: \$105**

**FOR MORE INFORMATION**  
**phone: 413-367-2643**  
**office@pinebrookcamp.org**

[www.pinebrookcamp.org/winterwhiteout](http://www.pinebrookcamp.org/winterwhiteout)

## 2017 Winter Whiteout

Name \_\_\_\_\_  Male  Female DOB \_\_\_\_\_

Address \_\_\_\_\_

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

Age \_\_\_\_\_ Grade \_\_\_\_\_ E-mail \_\_\_\_\_

Cabin mate request \_\_\_\_\_

Does this camper have any medical conditions that we should be aware of? \_\_\_\_\_

Does this camper have any allergies (food)? \_\_\_\_\_

Please list any medications \_\_\_\_\_

**Parent's Authorization:** My child has permission to participate in all camp activities. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by camp to hospitalize, secure treatment, order injections, anesthesia, or surgery for my child as named above. Pine Brook Camp has permission to photograph my child for promotional material.

Signature of Parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

**A \$35 deposit per person must accompany this form. It will apply toward the total camp fee.**