

PURITY & HOLINESS Retreat

Challenging activities and thought provoking teaching sessions will help teens embrace God's plan for relationships.

Open for students grades 7th-12th.

(Jr. High and Sr. High students will enjoy separate sessions.)

Retreat Starts with Registration at 6 pm.

(Late night Pizza will be served after the Friday evening session.)

Head home Saturday evening at 8:30 pm.

Cost: \$50 Retreat includes lodging, meals, Purity & Holiness workbook and follow-up devotional.

Teens will need to bring bedding for a bunk bed, towel, toiletries, clothing for warm and cool weather, Bible and pen.

Register online at thespringscamp.com or print and fill out this form and mail to:

The Springs Camp, 1950 N. M-30, Gladwin, MI 48624

October 19-20, 2012 at The Springs Camp

For more information,

Call: 989-426-7604

Or go to

thespringscamp.com



"One of the **facts** that we need to come to terms with is that **our young people are bombarded** on a daily basis with **opinions** about how they should best live their lives in order to best **serve themselves**. Where does **the Lord** and **His will** fit into this? Usually God is portrayed as a **killjoy** who is **out to deprive us** of anything that feels even remotely close to satisfying. **This is a lie**. The truth is that **God is our loving heavenly Father** who wants the best for us, his children;
His way is the best way!"

-from Bair Lake Bible Camp website (blbc.com/ph_detail.asp)
(Creators of the Purity & Holiness curriculum)

2012 Purity & Holiness Registration



Full Name: _____ Sex: _____ Grade: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Father's Name (or legal guardian): _____ Mother's Name (or legal guardian): _____

Father's Work Phone: (_____) _____ Mother's Work Phone: (_____) _____

Father's Cell or Alternate Phone: (_____) _____ Mother's Cell or Alternate Phone: (_____) _____

Emergency Contact (when parent is not available)

Name: _____ Phone: (_____) _____

Church you attend: _____ City: _____ State: _____

I give permission to The Springs to seek emergency medical treatment as needed during my son or daughter's stay at this retreat. I also realize that my child's testimony or photo may be used for promotional purposes of The Springs.

Signature of Parent or Guardian: _____

Attending (circle one) **alone** or **with youth group** (name of sponsor attending: _____)

Send this form along with a \$10.00 deposit to: The Springs Camp, 1950 N. M-30, Gladwin, MI 48624