



Covenant Harbor Deep Freeze Group Registration Instructions and Policies

Introduction

The purpose of our Deep Freeze retreats is to provide opportunities for youth leaders and their students to build and strengthen relationships with God and with each other. Solid speakers, fun activities and great worship provide significant time to grow and develop these relationships.

All communication is sent out with a purpose. Please read the material carefully, as you are responsible for understanding the content. Please contact us with any questions!

Registration Instructions

Group registration for Deep Freeze includes a few steps:

- 1) Choose your weekend(s). Prayerfully consider which available weekend is the best for your group. Bring your entire youth group to the Jr./Sr. High retreat (perfect for small youth groups) or bring your youth group separately to the Jr. or Sr. High retreats.
- 2) Pre-register with Covenant Harbor as soon as you have made a decision about your Deep Freeze weekend. Download a pre-registration form from our website if you don't already have one. Fill out the necessary information and mail it in to our registrar, Jane, to reserve space in the weekend of your choice. Space will be given based on your given estimations for group attendance. Pre-registration will be handled on a first come first served basis. Confirmation letters will be sent to confirm dates and details as you pre-register.
- 3) Promote the weekend at your Church. Hang posters, show DVD and hand out flyers and registration forms. Use the provided registration form or Covenant Harbor can make you a custom form. Covenant Harbor registration forms **MUST** be used; please contact us if you would like a customized form and we will make it for you. Do **NOT** black out parts of the Registration Form.
- 4) Send in group registration form and cost calculation form (be sure to keep a copy for yourself) to confirm numbers with Covenant Harbor **ONE MONTH PRIOR TO YOUR WEEKEND**. A minimum \$30 per-person non-refundable deposit is due at that time.
- 5) Individual registration forms and full payment are due **TWO WEEKS PRIOR TO YOUR WEEKEND**.
- 6) Attend the Deep Freeze retreat and enjoy!

Registration Policies

Payment: A \$30 non-refundable deposit is due one month before your weekend (must be included with the Group Registration Form). **Full payment is due two weeks before your weekend.** Retreats fill on a first come, first served basis.

Housing: Groups will be housed based on availability and will likely share housing with other Church groups.

Leaders: Groups can bring one leader for each 6-8 students of each gender at the "counselor rate". Any leaders above that ratio will be charged the "student rate".

Cancellation: Groups are responsible to pay in full for each person they listed on the Group Registration Form (sent in one month prior to the event). Groups can replace a non-attending camper with a new camper of the same gender at any time without penalty, so long as new registration information is given to Covenant Harbor. Groups can replace a non-attending camper with a new camper of another gender if space allows. If space is not available for the new camper of a different gender, the Group is still responsible to pay for the non-attending camper.

Please call or e-mail us with any further questions about Deep Freeze or the registration process.

Covenant Harbor Bible Camp and Retreat Center

1724 W Main Street - Lake Geneva, WI 53147

Phone: (262) 248-3600 Fax: (262) 248-6814 Web: www.covenantharbor.org



Covenant Harbor Group Registration Form

Select Retreat:

- Jan. 13-15 (Jr/Sr High)
- Jan. 20-22 (Jr High)

- Feb. 10-12 (Jr High)
- Feb.17-19 (Sr High)
- Winter Fest Feb. 24-26 (3rd-6th grades)

Group Registration Instructions

Complete this form and mail or fax to Covenant Harbor ONE MONTH prior to your weekend. This form must be accompanied by a \$30 non-refundable deposit for each person. Full payment and individual registration forms are due TWO WEEKS prior to your weekend.

Church Information

Church Name _____ Church Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Secondary Phone: (____) _____

IMPORTANT: E-mail for Further Communication: _____

Participant Information - Groups can bring 1 counselor of each gender for each 6-8 students of each gender. Additional counselors will pay student rate.

Male Counselors (number _____)
Name & Email

Female Counselors (number _____)
Name & Email

Male Students (number _____)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____

Female Students (number _____)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____

Balance Due

of counselors: _____ + # of students: _____ = _____ x \$30 = Total Deposit Due \$ _____



Covenant Harbor Group Cost Calculation Form

Church Name: _____

Dates Attending: _____

Group Registration Instructions

Complete this form and the Group Registration Form and mail or fax to Covenant Harbor ONE MONTH prior to your weekend. All payments include a \$30 non-refundable deposit per person. These forms must be accompanied by a \$30 non-refundable deposit for each person. Make sure to keep a copy of the completed form for yourself!

Winter Program Rate

Student

Counselor

Traditional Lodging (bunk beds, indoor washroom, shared room with other churches)

\$139

\$99

Calculate Group Cost

Students

Student Rate \$139 **X** # of Students _____ = _____

Counselors

Groups can bring 1 counselor of each gender for **each 6-8 students of each gender**. (Additional counselors will pay student rate.)

Counselor Rate \$99 **X** # of Counselors at discount rate _____ = _____

Student Rate \$139 **X** # of Counselors at student rate _____ = _____

SUBTOTAL Student and Counselor Cost \$ _____

Subtract persons paying Covenant Harbor directly (check or credit card)

Student Rate \$139 **X** # of Students/Counselors paying Harbor directly _____ = _____

Counselor Rate \$99 **X** # of Counselors paying Harbor directly _____ = _____

Total Deduction for Students and Counselors \$ - _____

Minus Deposit sent to Covenant Harbor \$ - _____

***TOTAL BALANCE DUE** \$ _____

***Total Balance is due TWO WEEKS before your weekend.**

Cancellation policy: Groups are responsible to pay in full for each person they listed on the Group Registration Form (sent in one month prior to the event). Groups can replace a non-attending camper with a new camper of the same gender at any time without penalty, so long as new registration information is given to Covenant Harbor. Groups can replace a non-attending camper with a new camper of another gender if space allows. If space is not available for the new camper of a different gender, the Group is still responsible to pay for the non-attending camper.

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Winter Registration Form 2012

For Campers coming WITH A GROUP

Please turn in your registration form and payment to your church youth leader.

Participant Information - only one camper per form. Please print clearly in ink.

Name: Last: _____ First: _____ Middle Initial: _____ Gender: _____ M / F
Date of Birth: _____ - _____ - _____ Grade (2011-12 school year): _____ School: _____

Parent/Guardian Information - used for all correspondence, billing and emergency contact

1st: Last, First, M.I. _____ E-mail: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
2nd: Last, First, M.I. _____ E-mail: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Select Program Prices include 2 nights lodging, four meals, and all onsite activities.

Weekend Dates: _____ Fee \$ **139**
Church/Group Name (REQUIRED): _____

Health Information Attach additional information if necessary

Allergies (meds, food, other) _____ Medications Taken _____
Restrictions (activity, dietary) _____
Insurance Carrier or Plan Name _____ Group # _____
Carrier Address _____
Name of Insured _____ Relationship to Camper _____

Check enclosed payable to the Church you're attending with **OR** Visa Master Card Discover
Credit card payments must be for Full Balance Due

Card # _____ - _____ - _____ Expiration ____ / ____ / ____ Security Code _____

Name on Card : _____ Payment Enclosed \$ _____
(includes \$30 non-refundable deposit)

Authorized Signature: X _____

Cancellation policy: When coming to Deep Freeze with a group, cancellations should be communicated to your group leader. Generally, cancellations made more than 4 weeks before the event will receive a full refund minus the non-refundable deposit of \$30 per person. Cancellations made less than 4 weeks before the event will receive no refund. Exceptions may be made: 1) For medical reasons, when doctor's verification is presented; 2) When a non-attending camper can be replaced with another camper. Exceptions are not guaranteed.

Consent and Release I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

My camper may participate in the polar bear dip. (Only available at Deep Freeze weekends) yes no

Signature of Parent or Guardian: _____ Date: _____

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