

BREAKAWAY

review/preview weekend

Lost Timber Bible Camp

September 24-26
for all 6th-9th graders

Speaker & Worship Leader: **Dan Hubbard**

Arrival & Registration starts Friday, September 24, at 7:00 p.m. Activities at 8:00 p.m.

The weekend will end with Sunday's noon meal on September 26.

Review/Preview Weekend Cost: ONLY \$60

Where has the summer of 2010 gone? Time sure flies when there's camp to be enjoyed. However, while you're getting used to your new fall schedule and waiting for Brett Favre to throw passes, we're planning one **brand new** and incredible event you won't want to miss. Need a reason to scam for a weekend away? We got it.

BREAKAWAY review/preview weekend at Lost Timber. No doubt!

Can't miss this chance to be at camp again. Come back to the campfire. Play some football. Enjoy a Hayride.

Here's your chance to come out one more time this year and join in awesome worship with Dan Hubbard, learn some great lessons on living life, enjoy excellent Lost Timber cuisine and hang with friends.

Who Can Come: Anyone who is in 6th-9th grade and loves camp. Maybe you were at Breakaway week this summer and wanna come back for some "review." Or, maybe you have this crazy friend who needs a "preview" of the great times that life at Lost Timber Bible Camp offers. **This weekend is for the BOTH of YOU!**

Register NOW because space is limited. No Joke! Pack the bags. Be there!
Please include \$60 fee when you register.

Breakaway Review/Preview Registration Form

Mail completed registration to: Lost Timber Bible Camp Registrar, P.O. Box 165, Chandler, MN 56122

Name _____ M F

Address _____

City _____ State _____ Zip _____

Age _____ Grade _____ E-mail _____
print clearly

Phone (____) _____ Birth Date _____

Emergency Contact Name _____ Phone _____

In consideration of the benefits derived from Lost Timber Bible Camp, I hereby give my permission for the child to attend the camp retreat and voluntarily waive any and all claims against its sponsors, directors and officials for any and all causes that may arise from activities of the camp. If medical attention is necessary, I agree to be responsible for all costs not covered by insurance. "IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician, selected by the Camp Program Director, to hospitalize; secure proper treatment for; and order injection, anesthesia or surgery for my child as named above."

Parent Signature _____

Insurance Co. _____

Policy # _____

Camper registrations need to include copy (front and back) of their insurance card - sent in with their registration.

IMPORTANT: On a separate sheet please list any medications your son or daughter is currently taking, how often meds must be taken and any health limitations the camp should be made aware of.

Questions? Call Camp at **507-677-2555**
or look us up at www.losttimber.org

OFFICE USE ONLY

Date Received: _____ Payment Received: _____