

**Please Register By:
February 9, 2018**

Registration Cost:

- ~ If in by Feb 9 - \$45
- ~ After Feb 9 - \$50

Please make all cheques payable to: ALBRIGHT CHURCH

Cost covers:

- Activities
- Transportation
- Delish Food
- and more!

Please submit registrations to Kyle Smith or to the Albright Church Office.



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East St Paul, MB
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204-334-5873
www.albrightchurch.com
info@albrightchurch.com

**ENC
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YOUTH RETREAT

FEB 16-18, 2018

AT ALBRIGHT CHURCH

THEME

ENCOUNTER

This weekend we are focused on having encounters with God and growing closer to Him. People who have encountered God are never the same after coming face to face with the Holy & Mighty God of the universe. It's my prayer that people will experience God's presence and be changed.

WHAT TO BRING

- Bible
- Sleeping bag/Pillow (inflatable air mattress - optional)
- Stuff to make you smell nice (deodorant)
- Toothbrush & toiletries
- Warm winter clothes
- Swimming stuff & Towel
- Running shoes
- A friend!

SCHEDULE

Starts:

Friday, Feb 16 @ 6:30pm

Ends:

Sunday, Feb 18 @ 12:30pm

“When Moses came down Mount Sinai carrying the two stone tablets inscribed with the terms of the covenant, he wasn't aware that his face had become radiant because he had spoken to the LORD. So when Aaron and the people of Israel saw the radiance of Moses' face, they were afraid to come near him.”

Exodus 34:29-30

Questions?

Contact:

Kyle Smith

Youth Director

Ph: 204-557-3971

kylesmith@albrightchurch.com

REGISTRATION

In addition to signing the form below for the Albright Youth Fall Retreat we require each participant to also fill out a **YOUTH MINISTRY REGISTRATION FORM** available either at the church or online at: www.albrightchurch.com/youth-ministry.html

As _____'s legal guardian I give permission for my child to attend the Winter Retreat at Albright Church from February 16-18, 2018.

1. I assume all risks and responsibility for personal injury, sickness, damage and expense whatsoever as a result of my child attending this activity and hereby release Albright Church from any liability arising thereby.
2. I authorize any adult in whose care my child has been entrusted, to seek on my behalf any emergency medical treatment deemed necessary by them for whatever reason during this event. Should, in their discretion, the need arise; I agree to be fully financially responsible for any such treatment or service and reimburse for any cost that may occur as a result.

Guardian:

Date:
