



h i g h s c h o o l r e t r e a t
m a r c h 1 9 - 2 1

Where: Mont Lawn Retreat Center, Bushkill, PA www.montlawnretreats.com **Who:** all High School & Seekers

Depart: Friday 3.19 at 5:30pm from Liberty Corner Church **Return:** Sunday 3.21 at 3:00pm to Liberty Corner Church

Cost: \$150 (includes lodging, meals and transportation) **Deadline:** permission form and \$50 deposit by 2.21
checks payable to LCPC - scholarships available balance due by 3.14

PACKING DETAILS TO FOLLOW / for more info: Steve Janssen / studentLIFE Pastor—Liberty Corner Church
908 647 0340 ext118 / sjanssen@libertycorner.org / cell for emergencies: 908 202 9462 / camp phone: 570 588 6067

I (Parent / Guardian) _____

give permission for my student _____
to attend and participate in all of the activities related to the Spring Retreat at Mont Lawn. I give the leadership team permission to secure medical attention for my student as needed. My student understands the behavioral expectations set forth by the leadership team. Problems meeting those expectations may warrant a phone call, and I will assume responsibility for picking him / her up if necessary.

Signature: _____

In case of emergency, I can be reached at # _____ or secondary # _____

Insurance Company / Policy # / Phone #: _____

Food or Medical allergies: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____

Invited by which friend? _____

Parent / Guardian Email: _____