



SIDExSIDE/Sno Daze

Grades 7-12 Grades 4-7
Association Retreat Center (ARC) - Osceola, WI

February 5-7, 2010
Register by Jan. 25th - Cost \$90
After Jan. 25th - Cost \$110

Have a great winter break- spend time in the Word with friends and recreation fun! Registration at 6:30 pm

SIDExSIDE & Sno Daze Theme:



Sno Daze Leader: Pastor Todd Erickson

Pastor Todd Erickson is currently the pastor at Rose and Spruce Free Lutheran Churches of Roseau, MN. He lives in the north country with His beautiful wife

Joyce and seven children, Katie-17; Tyler 14; Brett 10; Kyle 8; Ryan 5; Seth 3; and Ellie 1. He has been involved in numerous youth events, Bible Camps, etc.



SIDExSIDE leader is Jeremy Erickson, a man that loves the Lord and shares that with others. He and his wife, Jenny, have 2 boys, Aedan and Eli. Pastor Brian Ricke, Matt Nelson & Pastor Phill Hooper will lead breakouts.

Please register with your church group if possible.

Retreat begins at 6:30 pm Friday night and ends following Sunday Morning Worship

BROOMBALL – BASKETBALL-VOLLEYBALL – SNOW TUBING - LOTS TO DO AT THE ARC!

Skiing for SIDExSIDE available **Skiing Costs:** Lift Ticket \$17; Snowboard or ski rental \$18.

Discounts are available for families having more than 1 child attending these retreats—2 children discount of 10% each/3 or more children discount of 15% of each.

Registration Form-2010

No Online registrations this year. Information only by email

Please register me for: Indicate by marking the camp and mail to: **Association Retreat Center 2372 30th Ave. Osceola, WI 54020** along with \$25 deposit & completed and signed medical form.

If possible, PLEASE REGISTER & PAY WITH YOUR CHURCH GROUP.
Cost – Student \$90 if registered by Jan. 25, 2009/\$110 after Jan. 25th
Cost - Counselor \$45

SIDExSIDE—(Gr. 7-12) Feb. 5-7 / **Sno Daze** — (Gr. 4-7) Feb5-7

Name _____ Age _____ M/F _____
Phone # _____ Email: _____
Church _____
Address _____ City/State/Zip _____
Roommate Request _____
Qualify for family discount? NO ___ YES ___
If yes list your brothers/sisters _____

Each student under Age 18 must have a completed medical release form unless accompanied by a parent or guardian (please print clearly)

Camper Name: _____
Parent/Guardian _____
Emergency Phone # _____ Daytime _____
Family Insurance Co. _____ Plan/Policy _____
Health Problems/Limitations _____
Medications _____
Allergies _____
Immunizations: Date of last Tetanus Shot _____

Parent's Signature authorizes emergency treatment in the event the parent is not immediately available. This permission authorizes camp staff to inspect camper's belongings to see that they have not brought prohibited or illegal items.

Name: _____ Date _____
Signature of Parent/Guardian

For questions please call Lori at 800.294.2877 or email arcregistration@centurytel.net