



Leader Training Retreat - Mar 2-4

Ranger Lake Bible Camp and Camp Kadesh are teaming up to bring you the ultimate Leader training retreat. If you're in grades 8-11, come experience and learn what it takes to be a leader, try **ice climbing**, soak in the **hot tubs**, eat some delicious **camp food** and have tons of fun!

Cost: \$55

*please also bring some money for a fast food supper on Friday

Don't forget to pack:

- warm outdoor winter clothing including boots, mitts and a toque
- a modest bathing suit and towel
- a Bible
- sleeping bag and pillow
- Please leave iPods, cell phones, and other electronics at home.

Our address:

315 Lenore Drive
Saskatoon, SK
S7K 7Z5
info@rlbc.ca
www.rlbc.ca

- Grow your teamwork skills
- Catch up with old friends and make new ones
- Be challenged spiritually
- Great preparation for Work Crew this summer!

We'll meet at the Shell/Denny's Truck Stop (3850 Idylwyld Dr N - next to Merlin Ford) in Saskatoon at **4:30 on Friday, March 2**. We will return to the Shell at **3:15 on Sunday, March 4**. Transportation to and from the Shell and Camp Kadesh is provided at no extra charge.

If you need to get a hold of your student during the weekend, please phone Camp Kadesh: (306) 982-4912

This retreat is presented by Camp Kadesh and Ranger Lake Bible Camp and held at Camp Kadesh on Christopher Lake.

To register, mail this registration form along with the \$55 registration fee to our office. Please make cheques payable to RLBC.



REGISTRATON FORM

Name: _____ Address: _____

City: _____ Prov: _____ P.C.: _____ Home Phone: _____ Gender: _____

Grade: _____ Age: _____ Health Card: _____ E-Mail: _____

Health concerns: _____

Parent/Guardian: _____ Bus/Cell Phone: _____

Emergency Contact: _____ Phone: _____

I the undersigned parent/guardian of the camper named above, consent to any treatment deemed necessary in case of physical injury or illness incurred by my child during the camps ession for which he/she is registered. I consent to this treatment being preformed by the designated person in charge of health services. I understand that should my child require further treatment,deemed necessary by that person, he/she will be transported to the nearest medical centre where necessary treatment will be administered and I will be notified.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____