

# COVID KEPT US APART, BUT NOW IT'S TIME TO COME TOGETHER

It is too easy to spend our lives disconnected from one another. Sure, we have impressive streaks on Snapchat or even a pretty full schedule that keeps us running back and forth, but are we truly experiencing the community and togetherness that the Lord designed us for?

This quick retreat will be focusing on three aspects of togetherness: Together with Christ, Together with His body, and Together on His mission. Throughout our time together, we will also be enjoying getting to know other students from across the U.P. by enjoying some Glow Bowling, field games, and some chill time together.

I know that FLY didn't happen this year, and I also know that this won't replace that, but I do hope that this will still give us a chance to connect and grow together.

Registration cost is \$20

Please register by August 2<sup>nd</sup>

(Pastors/church leaders: Registration can be completed by contacting Jordan Langness with your number of attendees. Forms will be collected on sight during the event registration)

## This year's teacher is Jordan Langness



**HOPE FREE LUTHERAN  
CHURCH**  
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August 6-7th  
UP District Retreat  
"Together"

# SCHEDULE

## Friday:

7:00 pm Registration  
8:00 pm Session 1  
9:00 pm Glow Bowling  
11:30 pm Lights out

## Saturday

7:30 am Breakfast  
8:30 am Session 2  
9:30 am Field games  
11:00 am Session 3  
Noon: Leave for lunch and home  
(each group will be responsible for  
picking up their own lunch)

**\*All Times (EST)**

## What to bring:

A good attitude, sleeping bag, pillow,  
change of clothes for games  
and sleeping, snacks, Bible, Pen,  
Paper, Money for food to  
and from the retreat.

Registration money

## What not to bring:

A bad attitude, drugs, alcohol, tobacco,  
weapons...you know the drill.

2021 DISTRICT YOUTH RETREAT: TOGETHER August 6-7<sup>th</sup> Grades 7-12

## Registration

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_  
Grade \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Church \_\_\_\_\_ Pastor \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Medical Release Form

To be filled out by parent if attendee is under 18 years of age, or by attendee if over 18

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ (students name)  
who resides at (address) \_\_\_\_\_ of (city) \_\_\_\_\_  
of (state) \_\_\_\_\_ born (date) \_\_\_\_\_ herein authorizes the adult leaders of the I  
AM retreat to consent to any x-ray, examination, anesthetic, medical or surgical  
diagnosis or treatment, and hospital care, to be rendered to the minor under the state of  
treatment, when the need for such treatment is immediate, and when efforts to contact  
us (me) are unsuccessful

\_\_\_\_\_  
Signature of Parent or Guardian Date

Insurance Company: \_\_\_\_\_

Plan/Policy Number \_\_\_\_\_ Family Physician \_\_\_\_\_

Phone \_\_\_\_\_ Specific medical allergies, chronic illnesses or  
other conditions:

\_\_\_\_\_  
**This form will be collected during registration and must be present and completed  
for the student to participate in this retreat.**