



# EXILED ROMANIA OCTOBER 6-8 AND 13-15, 2017

Could you even begin to imagine what it would be like to live in a country where it is illegal to worship the God of the universe? Where each time you gathered for a worship service your very life could be threatened? Thankfully, we don't live in a country like that but the question begs answering, if we did would the church of Christ rise like never before? Join us this fall for Exiled Romania. We will have camp fires, great food, laughter, paintball, laser tag, a Romanian adventure story-line but most importantly incredible worship and passionate preaching from a "real life" Romanian preacher, Andrew Postema! This will be a year you will not want to miss! Please visit [www.lakeanncamp.com/exiled](http://www.lakeanncamp.com/exiled) or give us a call at 231-275-7329 for details and registration.

**REGISTER ONLINE  
WWW.LAKEANNCAMP.COM/REGISTRATION**

**\*\$40 DEPOSIT DUE WITH REGSITRATION**

### **EXILED #1: OCTOBER 6-8**

- Student: \$129
- Leader: \$99

### **EXILED #2: OCTOBER 13-15**

- Student: \$129
- Leader: \$99

Camper Name _____		Attending with: Church Name and City _____	
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Current Grade and Camper Birthdate (mm/dd/yy) _____	Cabin Mate Request _____
Parent/Guardian Name #1 _____		Parent/Guardian Name #2 _____	
Parent/Guardian Phone Number #1 _____		Parent/Guardian Phone Number #2 _____	
Email Address #1 _____		Email Address #2 _____	
Address _____	City _____	State _____	Zip _____
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		Amount: \$ _____	
Credit Card # _____	Expiration Date _____	3-digit Security Code _____	

## STUDENT ACCOMODATIONS AND DIETARY INFORMATION

Does the student need any special accommodations to participate in activities?  Yes  No  
If yes, please explain: \_\_\_\_\_

Does the student have any dietary allergies?  Yes  No  
If yes, please explain: \_\_\_\_\_

## PARENT/GUARGIAN SIGNATURE

*I certify the above student has my permission to attend this retreat and participate in all activities. I also realize that my student's picture or testimony may be used in the promotion of Lake Ann Camp.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Staff Use Only:  
Rcv'd \_\_\_\_\_ Payment \_\_\_\_\_ Initials \_\_\_\_\_

