

Luther Point Winter Retreat Permission/Payment Form: DUE WED. FEB 5TH

_____ has my permission to attend the Luther Point Winter Retreat February 14th – 16th. In the event of an injury or illness that requires medical attention, I give permission for my child to be treated at the nearest medical facility. (Grantsburg, WI)

I agree to fill out and return the enclosed Luther Point Health Information Form.

Emergency Contact Name & Phone Number: _____

TOTAL COST FOR THE RETREAT: \$80 includes 3 meals, 2 nights lodging, all activities and supplies needed for the weekend; *\$40 of this cost will be covered by maple syrup sales.*
Families are asked to pay \$40 for the weekend. If you need financial assistance please see below: **Youth are highly encouraged to EARN the NEW CREATION SCHOLARSHIP TO RECEIVE \$50 TOWARDS YOUR WEEKEND.**

HOW YOUR CHILD CAN RECEIVE FINANCIAL ASSISTANCE FOR THIS EVENT:

- A) Maple Syrup Living Endowment:** Your son/daughter will receive \$40 towards the cost of the retreat if they have been involved in the maple syrup ministry through sales, sap collection, and bucket cleaning day. *Out of pocket expense to the family will be \$40.* If your child has not been nor plans to be involved in the maple syrup ministry your out of pocket cost will be \$80.
- B) New Creation Award:** **EVERY YOUTH** has a **\$50 SCHOLARSHIP** waiting for them in a memorial endowment fund to be earned....3x a year! It is a special fund that was set up years ago by the Irving Olson Family to help fund *youth faith building events*. Requirements to earn this \$50 are quite simple and *we are strongly encouraging youth to help pay for their event this way.* The New Creation Award can cover ALMOST the **entire cost** of this trip! PLEASE ENCOURAGE YOUR CHILD TO FULFILL THE REQUIREMENTS AND GET THE FORM TURNED IN TO MICHELLE NO LATER THAN **SUNDAY FEB 9TH** Please check the line below if your child will be planning to earn the New Creation Award. **DO NOT WAIT** to get working on the requirements.

Please check ONE of the following that will apply to your child for retreat payment:

____ My child has been, and plans to continue to be involved in the Maple Syrup Ministry and I am enclosing the \$40 payment for the remainder of their cost. ***Checks payable to: First Lutheran Youth or FLY***

____ My child plans to fulfill the New Creation Award requirements to earn the \$50 scholarship to pay for their trip. We will have these requirements done and the form turned in to Michelle Lynch by Sunday February 9th (syrup ministry funds cover the remaining \$30)

____ My child is attending and we are enclosing full payment for \$80.

(OVER)

SIGNED: _____ Parent/Guardian

DATE: _____

_____ I can help drive kids up to Grantsburg on Friday night. (5:00pm)
(**we need help with transportation!!**)

_____ I can help pick up kids and bring them back to church on Sunday morning. I will be to the retreat center **by 7:45am**

_____ I am interested in attending with my child.)

_____ We have younger children and we would like to attend as a family. (you will be “housed” in the same room together

Please return 1) this form, 2) the Luther Point Health Form, and 3) Payment no later than **WEDNESDAY FEB 5TH. Our final count is due to LPBC by February 7th to give the kitchen staff time to order enough food.**

The blue NEW CREATION AWARD FORM is due: Sunday Feb. 9th and can be downloaded from this email; or found in the mailboxes by the main office.

****NO CHILD will be turned away due to financial inability to attend. If you need further assistance or have any questions as to how this is handled financially please contact Michelle Lynch (Youth Minister) at 715-220-2782 or email: felcyouthminister@gmail.com**