



180 Rt. 15 Lafayette, NJ 07848  
973-383-4461 [www.lfc.org](http://www.lfc.org)

**2025**

**JR. HIGH**  
**WINTER**  
*RETREAT*

**Feb. 7-9**

**HARVEY CEDARS**  
**BIBLE CONFERENCE**  
**Harvey Cedars, NJ**

Lafayette Federated Church

**EQUIP**

STUDENT MINISTRIES

# The Best Weekend of the YEAR!

Ga-Ga— Dodgeball— Crazy Games— Studying the Bible—  
—Worship— and a weekend of hanging out with your friends!

## Cost:

\$150 lodging, meals and travel

\$135 Multi-student discount—



If you have more than one child in our youth group (Jr. or Sr. High), and more than one plan to attend the retreats, the cost is only \$135 per student for the Sr. High retreat.

(Families needing assistance,

please contact Pastor Ryan)

Return completed registration form and payment to the church office no later than **Sunday, February 2nd.**

**Make Checks Payable to:LFC**

Where are we going?  
Harvey Cedars Bible Conference  
12 Cedars Ave  
Harvey Cedars, NJ 08008  
www.hcbible.org

## Drop-Off:

3:45 p.m.

Friday, February 7th

(Please check-in **as soon as you arrive.**)

## Pick-up:

2:30 p.m.

Sunday, February 9th at LFC

## Packing List:

- Bible and pen  
(we have some at church if needed)
- Toiletries
- Towel
- Warm Clothes
- Extra spending \$\$ for snacks/2 meals

## Don't Bring:

- Cell phones  
Leaders phones will be available if needed
- Electronics
- Anything questionable

**All students must have an annual medical release form filled out and signed by parents for this trip. This can be found at [www.lfc.org/students](http://www.lfc.org/students)**

Tear off and Return with Payment by February 2nd, 2025

### Jr. High Winter Retreat

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, the parent of \_\_\_\_\_, authorize my son/daughter to participate in the event mentioned above to be sponsored by Lafayette Federated Church. In the event of an emergency, if I cannot be contacted immediately, the group supervising the event is authorized to seek medical assistance for my child. I release Lafayette Federated Church from all liability.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Type:

- Full Payment... \$150
- Multi-Student Disc \$135

TOTAL: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Check #: \_\_\_\_\_

Comments:

\_\_\_\_\_  
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