

**Come see
your Disco
family!**

December 1-3
For those who completed BASIC

As our discipleship family continues to grow, we see great value in having reunions from time to time. Come ready to connect with other students from your BASIC and be ready to make some new friends.



Highlights include...

- Group Devotions
- Sardines in the Lodge
- Christmas Tree Hunt
- Cookie Decorating Contest
- Broomball Games
- Christmas Party

**And of course, plenty
of time to catch up with
your friends!**



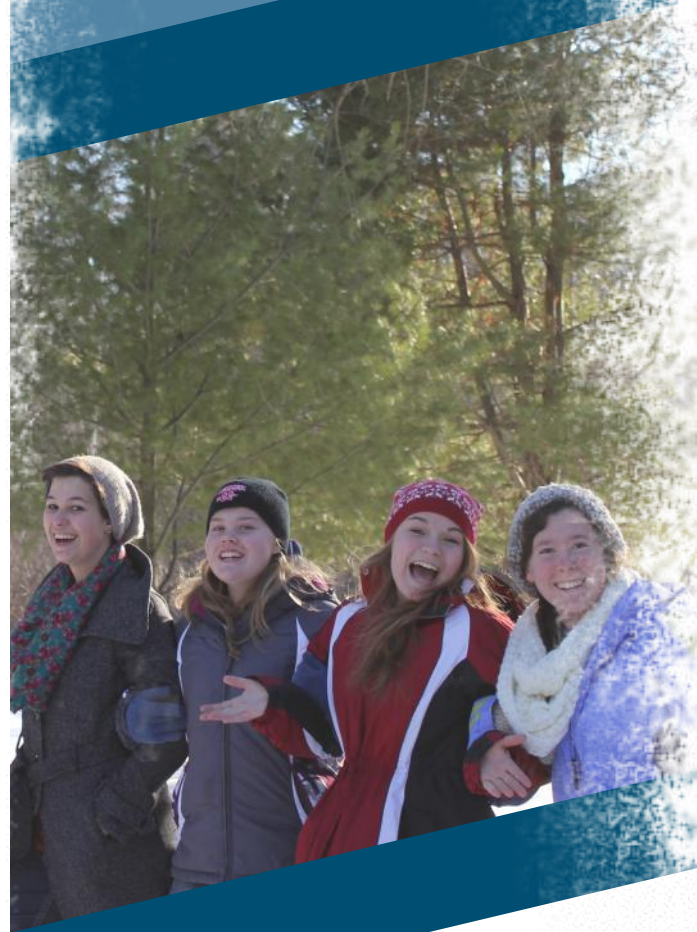
Register online: www.abcamp.org/disco-reunion/

NON-PROFIT
ORGANIZATION
US
Postage
Paid
New Auburn, WI
54757
Permit No. 4

↑
arrowhead bible camp
30765 117th Street
New Auburn, WI 54757

DISCO REUNION

Dec. 1-3, 2017



DISCO REUNION



December 1-3 / Open to those who have completed BASIC

Typical Schedule

Friday

- 7:00** Arrival and check-in
- 8:30** Snack
- 9:00** Sardines
- 9:30** Disco Party

Saturday

- 8:30** Breakfast
- 9:15** Group Devotions
- 10:30** Broomball
- 12:00** Lunch
- 12:45** Bookreading
- 1:45** Christmas Tree Hunt
- 2:30** Cookie Decorating Contest
- 3:00** Free Time
- 6:00** Supper
- 7:00** Christmas Party
- 9:00** Night Games

Sunday

- 8:30** Big Breakfast
- 9:15** Group Devotions and Prayer
- 10:30** Goodbye!

Weekend Pricing

Full Weekend	\$79
Fri/Sat only	\$49
Sat/Sun only	\$60
Sat only	\$30

THINGS TO PACK: sleeping bag, pillow, snow gear, Bible and pen, an ugly sweater, toothbrush/paste, shower supplies, and games to play



If you have homework or tests, please bring your study materials along; we'll understand if you have to slip away during the weekend to study.

REGISTRATION

Disco Reunion



_____		_____	
First Name	Last Name		
_____		_____	_____
Address	City	State	Zip
_____		_____	
Phone	Email		

Roommates Requested			

REGISTRATION OPTION (select one)

Your registration gives camp authorization to use photos and videos of named camper in Arrowhead Bible Camp promotions.

- Full Weekend\$79
- Fri/Sat only\$49
- Sat/Sun only\$60
- Sat only\$30

HEALTH HISTORY/MEDICAL RELEASE

Please describe any physical conditions, medications, or allergies requiring special consideration:

_____	_____
Emergency Contact	Relationship to Named Camper

Emergency Contact Phone Number

FOR THOSE UNDER 18: In case of medical emergency, I understand that every effort will be made to contact the emergency contact. In the event he or she cannot be immediately reached, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, x-rays, or surgery for my child as named above.

_____	_____
Parent/Guardian Signature	Date

CHARGES	\$ _____	Retreat Fee
PAYMENT	\$ _____	Total Payment
	\$ _____	Amount Enclosed
		<small>MINIMUM DEPOSIT \$25 (non-refundable, non-transferable)</small>
	\$ _____	Amount Due*

*Balance is due upon arrival if not paid prior

Return to: ARROWHEAD BIBLE CAMP, 30765 117th Street, New Auburn, WI 54757

