

LJCA HIGH SCHOOL RETREAT

JANUARY 20-22

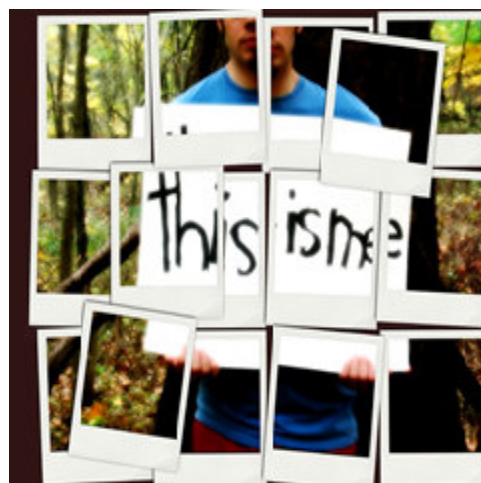
5:30 Registration/Find Rooms
 6:30 Retreat Welcome
 6:45 Main Session # 1
 Adult Meeting – Memorial Hall
 7:45 Pizza
 8:30 Concert – Dan Smith
 9:45 Break into Cell Groups
 10:30 Go to dorms
 11:00 Lights out

Saturday

8:30 Breakfast
 9:15 Personal Encounter Time
 9:30 Cell groups
 10:15 Break
 10:30 Main Session # 2
 11:30 Activity
 12:15 Lunch
 1:15 Elective Class
 2:00 Free Time/Open Recreation
 5:00 Cell Groups
 5:45 Dinner
 7:00 Main Session # 3
 8:00 Social Hour
 10:00 Campfire
 11:00 Lights out

Sunday

8:30 Breakfast
 9:15 Personal Encounter
 Time
 9:30 Main Session # 4
 10:45 Cell Groups
 11:15 Clean-up camp/Pack
 12:00 Lunch
 12:45 Prayer Circle
 1:00 See You Next Year



2012 Events Coming Just for YOU!

(Be sure and put these dates on your calendar)

July 8-13: Senior High Week, Senior Aquatics and Basketball Week

Mission Adventure Dates are still pending

April 13 & 14: Junior Faculty Training Retreat

High School Retreat

January 20-22

Worship

Eric Bass and the Pulse Band

Speakers

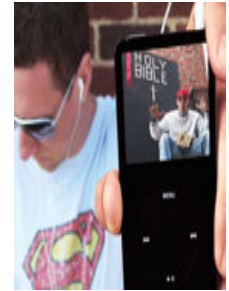
Dan Smith

&

Mike Kjergaard

Dean

Kevin Petermen



Dan "Southpaw" Smith was born and raised in the Glass City, Toledo, Ohio. A friend invited him to check out LJCA during a week of High School Camp. Now he DJs parties all over God's green Earth for freaks who are itching to dance. It is widely rumored that Dan is the one who let the dogs out and wrote I Love Lake James. Southpaw mixes and scratches vinyl records (CDs are for wimps). Smitty recently organized the exciting Five-Man March in Washington, D.C. Find out more at www.whiteboyDJ.com.

COST: \$55
(if registered by January 16)
\$65 after January 16

Dan Smith Concert on
Friday Night

High School Winter Retreat Registration Form

Lake James Christian Assembly

January 20-22, 2012 Grades 9, 10, 11, 12 Cost: \$55.00 Kevin Petermen, dean

Postmarked after Monday, January 16-\$65.00

Retreat begins 5:30 p.m. Friday & ends 1:00 p.m. Sunday

Last Name _____ First Name _____ Doctor's Name _____

Address _____ Gender (M/F) Doctor's Phone _____

City, State, Zip _____ Health Insurance _____ Policy# _____

Home Phone _____ Birthdate _____ Grade _____ Age _____

Church _____

In Case of Emergency: I hereby give permission to LJCA to hospitalize, secure treatment for and to order anesthesia or surgery for my child named on this form. I understand however that every effort will be made to contact me in case of such emergency, before any such medical treatment is administered. I hereby do not hold LJCA or its staff, faculty, management or officers liable unless guilty of negligence. **I understand that camp insurance is secondary.** I understand that pictures may be taken for promotional purposes and give my consent

Signature of parent or guardian _____ Visa/MC: _____ Ex Date ____/____/____ 3 digit on back _____

Send form and money to Lake James Christian Assembly 1880 W 275 N Angola, IN 46703 260.833.2786/ljca@frontier.com See full schedule at ljca.org