

Church leaders from around the region have put their heads and hearts together to create a uniquely cross-generational retreat. The weekend will include engaging worship, innovative games and activities, focused Bible study, and of course, great food and times of fellowship for ALL AGES. Mixed-age groups from congregations will learn how to foster caring conversation across generations. Church leaders, parents, and grandparents will gain some practical tips and ideas for fostering cross-generational engagement in churches and at home.

Nonprofit  
Organization  
U.S. Postage  
PAID  
Milford, IA 51351  
Permit 23



## Keynote Speaker

Emily Dalen has a passion for cross-generational ministry and will help lead the weekend. Emily lives in Underwood, IA and serves as the Director of Faith Formation at St. Paul's Lutheran Church in Omaha, NE.

Enjoy great times for  
all ages with:

- Great Sessions
- Creative Workshops
- Service Project
- Interactive Games
- Worship
- And More



Ingham +  
Okobojo  
Lutheran Bible Camps

1203 Inwan St.  
Milford, IA 51351

[www.okobojo.org](http://www.okobojo.org)  
[www.everydaydiscipleship.org](http://www.everydaydiscipleship.org)



# Generations

February 7-9

Okobojo Lutheran Bible Camp



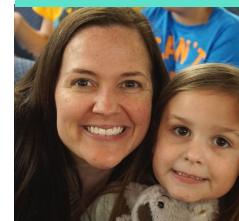
Singles



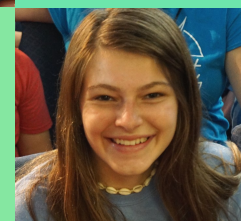
Congregations



Pastors



Families



Couples



Young Adults



Grandparents



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Okobojo  
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## Tentative Schedule

Registration at 7:00-8:00 pm on Feb. 7

Programming Begins at 8:00 pm

Weekend Concludes with Brunch  
at 10:30 am on Feb. 9

## Items to Bring:

- Pillow
- Bible
- Linens\*
- Notebook /Pen
- Toiletries
- Alarm Clock

\*Linens can be provided for an additional fee  
of \$15 per set.

## Cost

Adults (14+) \$69 for the weekend

Kids (3-14) \$49 for the weekend

Kids (0-3) free

\$300 max family rate for the weekend

\$49 Adult commuter rate

\$29 Kid commuter rate

**Cost includes: 2 nights of lodging, 3 meals  
on Saturday, 2 meals on Sunday, a weekend  
full of fun for the kids, great memories to be  
made, all programming.**

Go to [www.okoboji.org/generations](http://www.okoboji.org/generations) for  
more information.

## 2020 Generations Retreat Registration

If you are unsure about how to register yourself or your group contact Sara:  
712-337-3306 or [registrar@okoboji.org](mailto:registrar@okoboji.org).

Primary Adult: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church: \_\_\_\_\_

Additional Campers:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please list any food allergies/sensitivities our kitchen should be aware of for your family/group:

Please list any mobility concerns we should be aware of when assigning housing:

Cost: # of adults (age 14 and older) \_\_\_\_\_ x \$69 = \_\_\_\_\_

# of children (ages 4-14) \_\_\_\_\_ x \$49 = \_\_\_\_\_

Yes, we would like # \_\_\_\_\_ sets of linens x \$15 = \_\_\_\_\_

Total Cost = \_\_\_\_\_

I Plan to Commute

Cost: # of adults \_\_\_\_\_ (\$49)

# of children (ages 4-14) \_\_\_\_\_ (\$29)

Payment Information:

\_\_\_\_\_ Deposit or full payment enclosed

\_\_\_\_\_ Please bill my card in the amount of \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on the Card: \_\_\_\_\_

A non-refundable deposit of \$49/overnight family or \$29/commuter family is required at the time of registration. All registration forms should be mailed to: IOLBC Attn: Registrar 1203 Inwan Street Milford, IA 51351 or emailed to [registrar@okoboji.org](mailto:registrar@okoboji.org)

\*\*I give my permission for my family to participate in all aspects of the camp's program except as noted. \*\*I understand that an effort will be made to contact me if a family member needs emergency medical-surgical treatment. I hereby give permission to the staff member selected by the camp to secure proper treatment, hospitalization, order injections, anesthesia, x-ray or surgery as deemed necessary from the child(ren) named above if no adults listed are available in a timely manner. \*\*I accept responsibility for payment of such services. \*\*I will in no way hold Ingham Okoboji, staff members, or board members liable. \*\*I give my permission for any picture or video taken of my child to be used for promotional purposes.

Signature of Primary Adult

Date