









Recharges are weekend youth retreats PACKED with fun, fellowship, and growing in faith. Come discover the great God we serve, learn more about the Bible, and have a blast with others at camp. Register Today!

FALL 2020

HAPPY **NEHEMIAH 8:10**

God wants us to be happy, but what does that look like? Many people wrestle with fear, anxiety, and depression on a daily basis. Is happiness just an unrealistic fantasy? At the Fall Recharges, find out what God has to say about happiness and how the "Joy of the Lord" can be a source of great strength. Campers will dig into Jesus' teachings known as the beatitudes and learn how they can push past their circumstances and let their joy be rooted in an unchanging identity as a child of God. Sign up, let your guard down, and see what "HAPPY" can really look like.

Confirmation Connection: Baptism. New Testament - Gospels / Epistles

SPRING 2021

NO TRESPASSING **MATTHEW 22:37-39**

Everyone has seen a sign that says "No Trespassing" warning them not to cross a specific line or boundary. Mostly, it's to keep everyone safe and acknowledge the rights of others. God has given us many commands, rules and directions on how to live life His way. The Bible describes breaking these as trespassing. At the Spring Recharges, campers will take a close look at each of the Ten Commandments and how Jesus summarizes them into two easy to remember categories. Finally, we will be talking about how crucial God's grace and forgiveness are when we trespass. Join us for a fun "Western" themed weekend!

Confirmation Connection: Ten Commandments, Lord's Prayer

You may register online at www.okoboji.org/recharges or complete the registration form on the back. Arrival & Registration: Friday 8-9:30 pm, Departure: Sunday 12:30 pm.



2020-21 RECHARGE REGISTRATION FORM

Deposits of \$30 must accompany registration forms. Deposits are non-refundable. Make checks payable to IOLBC and send with completed forms to 1203 Inwan St., MiLford, IA 51351 Call 1.800.OKOBOJI or email registrar@okoboji.org with questions.

Name:	Birth date/ Grade: M / F
Address:	ST: Zip:
Parent/Guardian Name:	Phone: ()Email
Additional Relational Emergency Contact:Can	ion to mper Phone: ()
Sponsoring Church & City:	Roommate Request:
Check the box next to	o the weekend you wish to attend
FALL 2020 RECHARGE	S SPRING 2021 RECHARGES
☐Oct. 23-25 4th-6th Grade ☐Nov. 6-8 6th-9th Grade ☐Nov. 13-15 6th-9th Grade ☐Nov. 20-22 9th-12th Grade	☐ April 23-25 6th-9th Grade ☐ April 30-May 2 4th-6th Grade
Recharge Rate: \$89 per camper Discounts available- \$2 off if you register online, \$5 off if you're a first-timer! A non-refundable deposit of \$30 is required. I am a first time Recharge Participant Payment Information My payment of \$ is enclosed. Please bill my credit card \$	The following information is required for your child's safe participation at camp. Height: Weight: Are immunizations current? Y / N Date of last tetanus shot: ALLERGIES: (please list specific allergies)
Credit card number Expiration Da	Tate
Name as it appears on the card 3 Digit CVC Code I will pay balance upon arrival Please bill church noted above for balance:	Kitchen contact for food allergies Y/N Ever experienced asthma? Y/N Other chronic or recurring illness or medical condition that may affect camp life?
For the Parent or Guardian: I give my permission for this child to participate in all aspects of the Recharge except as noted. I understand that an effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give permission to the staff member selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for my child named above. I accept responsibility for payment of such services. I will in no way hold Ingham Okoboji, staff members or board liable. I also grant permission for photos or video taken of my child to be used for promotional purposes. I understand choosing to send this child to Recharge increases their risk of being exposed to COVID19, agree to pre-screen this child for symptoms prior to arrival at camp, not send this child if I suspect they are ill, and understand there may be social distancing requirements expected of this child. PARENT/GUARDIAN SIGNATURE IS REQUIRED	
	Medications—Please list names and dosages or attach separate detailed list:
	Over the counter meds:
	All medicine MUST be brought in original container.
PARENT SIGNATURE	INSURANCE INFORMATION:
PARENT SIGNATURE	Insurance Co.:
	Policy #:
Printed	Family Doctor :
Parent Name Date / /	Dr. Phone #: