



How did you hear about WQ this year?

- Have attended before Church/youth group
- Saw it on facebook Received a postcard
- Brochure Friend _____
- Other _____

I prefer registration confirmation by

- Text Email _____



Parent/Guardian Permission/Release

Guardian's Name _____

Health insurance carrier: _____

Subscriber's name: _____

Policy #: _____ Group #: _____

Dietary Restrictions: _____

Allergies: _____

Medical concerns: _____

By signing below, I acknowledge that I give permission for my child's picture to be taken for promotional purposes for Child Evangelism Fellowship of North Dakota, Inc.

Signature _____

I understand that every precaution to ensure my child's safety and well-being during this event has been taken. I hereby release Child Evangelism Fellowship of North Dakota, Inc., its agents and employees from any and all liability for all personal injuries known or unknown that my child may incur while participating in activities conducted, sponsored, or associated with this event. In the event that I cannot be reached in the case of emergency, I authorize a physician selected by the coordinator of this event to administer emergency treatment.

Signature & Date _____

DETAILS

Check In * Fri, Jan. 19th at 9 pm

Check Out * Sun, Jan. 21st at noon

Location * Crystal Springs Camp, near Medina, ND, 65 miles east of Bismarck, just off I-94

Transportation * Transportation will be provided from select meeting points (Minot, Jamestown, Bismarck, Fargo, Grand Forks, and others!). Registered students will receive more details. If your transportation needs change after you've submitted your registration, please contact us ASAP! Driving directions at www.csbcamp.org

Registration Fee * \$95, payable to CEF. You may send the full amount with your registration or a \$25 (non-refundable) deposit with your registration. The balance is due upon your arrival.

Safety * WQ will be chaperoned by CEF staff and screened adult volunteers.

Insurance & Health * Each student is insured against injury. Please fill out the permission form *completely* to ensure your healthcare in case of an emergency.

You will receive an email or text confirming your registration details. Please allow 10 days after submitting registration for confirmation to arrive.

WINTER quiescence



teen winter retreat
January 19-21, 2018

CRYSTAL SPRINGS BAPTIST CAMP

LEARN MORE ABOUT WQ!

www.ndcef.com

or contact Shar Carlson, (701) 389.8816

shar@ndcef.com



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WQ is sponsored by
Child Evangelism Fellowship of ND, Inc.
* a CYIA/Youth Challenge event *

WHAT IS WINTER Quiescence?

Pronounced "quee-essence," meaning "quietude, stillness"



WQ IS A RETREAT. It's a getaway in the midst of a busy school year, a time to pause and reflect on the Lord's goodness, beauty, and love.

WQ is a place to meet new friends and spend time with those you love.

WQ will challenge and encourage you in your walk with Jesus.

WQ has great food.

WQ includes indoor and outdoor games.

WQ provides space to spend time with the Lord.

WQ will present you with opportunities to serve God in your community.

WQ is full of surprises!



Speaker: Sam Townsend loves wide-open trails on warm summer days, full conversations over half-price apps, and puns that could make a grown man groan. He is a writer, a footlong salesman, and the Senior High Youth Pastor at Calvary Church in St. Paul, Minnesota.



PACKING LIST...

- ❄ Bible/notebook/writing utensils
- ❄ Toiletries (soap, shampoo, toothbrush, etc.)
- ❄ Towel
- ❄ Sleeping bag and pillow/Bedding
- ❄ Extra blankets (if desired)
- ❄ Clothing suitable for cold weather (coats, boots, scarves, gloves, snowpants)
- ❄ Spending money for snacks/food (on the road *and* from the camp snack shack)

PLEASE REMEMBER...

- to leave electronic devices at home
- to shut off cell phones while at the retreat

❄ **WQ 2018 Registration Form** ❄
Register online at www.ndcef.com/WQ

Mail completed form with full fee or \$25 nonrefundable deposit to
WQ, c/o Shar Carlson
105 University Ave E
Minot, ND 58703
Make checks payable to CEF of ND.

Name _____

Age _____ (must be 13 by June 1, 2018) Gender: M / F

Birthdate ____/____/____

Phone # (____) _____ - _____

Address _____

City/State/Zip _____

Church Name & City (if applicable)

Parent/Guardian Name _____

Parent's Phone # (____) _____ - _____

Emergency Contact (other than parent) & Relationship to you

Emergency Contact's Phone # (____) _____ - _____

Local CEF Chapter (if known):

FM NE NW SE SW Williston Basin

Shirt Size (adult men's sizes):

S M L XL XXL

Will you be using transportation provided by CEF?

No, I'll provide my own

Yes, I plan to ride from (circle one):

Bismarck / Jamestown / Minot / Grand Forks / Fargo

Don't forget to fill out the back! ➤