



# God's Plan

**DISCOVERING GOD'S WILL  
FOR YOUR LIFE  
NOVEMBER 2<sup>ND</sup>-4<sup>TH</sup>**

WHAT SCHOOL SHOULD I GO TO? WHO SHOULD I HANG OUT WITH? SHOULD I DATE IN HIGH SCHOOL, AND IF SO, WHO? SHOULD I GO TO COLLEGE? WHERE? WHAT MAJOR? WHAT SHOULD I DO WITH MY LIFE? WHO SHOULD I MARRY? SHOULD I CHEER FOR THE COWBOYS OR EAGLES? SHOULD I EAT CHICK-FIL-A OR MCDONALDS? WE HAVE ALL SORTS OF DECISIONS TO MAKE THAT SHAPE THE COURSE OF OUR LIVES. BUT WHY ISN'T IT ALWAYS CLEAR WHAT WE SHOULD DO? DOES GOD TRULY HAVE A PLAN FOR MY LIFE? AND IF SO, DOES HE HIDE IT AND EXPECT ME TO FIND IT? JOIN US AT THE SENIOR HIGH RETREAT THIS YEAR AS WE SPEND TIME DISCUSSING WHAT IT MEANS TO DISCOVER AND LIVE ACCORDING TO GOD'S WILL FOR YOUR LIFE.

**FOR MORE INFO CHECK OUT [KEYSTONECHURCH.ORG/RETREAT](http://KEYSTONECHURCH.ORG/RETREAT)**

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**Important Information: What to Bring:**

Submit payment and bottom portion in an envelope OR Submit payment & complete registration online. \$110 before October 5<sup>th</sup> \$125 before October 28<sup>th</sup>

Arrive at Keystone on 6:00pm Friday  
Return to Keystone at 2:00pm Sunday

Retreat Location: Camp Andrews 1226 Silver Spring Rd Holtwood, PA 17532

Contact Pastor Kyle with questions: [kcauffman@keystonechurch.org](mailto:kcauffman@keystonechurch.org) or call 717.371.1885.

Overnight gear... Sleeping bag, pillow, towel, toiletries, flashlight, onesie, games.  
Session gear... Bible, notebook, pen.

Clothing gear... Bring clothes for zip line, rock climbing, night game, basketball.

**Note: We are asking that everyone leave their phones at home this weekend.**

The camp phone number is 717.284.2624.

**Important Information: What to Bring:**

Submit payment and bottom portion in an envelope OR Submit payment & complete registration online. \$110 before October 15<sup>th</sup> \$125 before October 28<sup>th</sup>

Arrive at Keystone on 6:00pm Friday  
Return to Keystone at 2:00pm Sunday

Retreat Location: Camp Andrews 1226 Silver Spring Rd Holtwood, PA 17532

Contact Pastor Kyle with questions: [kkcauffman@keystonechurch.org](mailto:kkcauffman@keystonechurch.org) or call 717.371.1885.

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The camp phone number is 717.284.2624.

**Senior High Retreat Waiver and Medical Information**

I/We \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_, age \_\_\_\_\_, grade \_\_\_\_\_, enter the following Release and Waiver and agree that I/We have had plenty of time to read and understand the following before signing it.

In consideration of the child’s participation in the Senior High Retreat, I, individually and on behalf of any other parent or guardian of the Child agree to release, indemnify, defend, and forever discharge Keystone Church and their employees, representatives, members, directors, staff, and volunteers of and from any and all claims, losses, injuries (up to and including death), demands, rights, and causes of action which may result from participation of the child in the Senior High Retreat. This Release is in addition to any other Release which I/We may have previously signed in favor of Keystone Church.

I/We know that children can be injured, sometimes seriously, up to and including death, at off-campus activities. In the event of an emergency, every effort will be made to immediately contact the parent or guardian at the phone number(s) listed below. If I/we cannot be reached at the phone number(s), I/We give permission to the physician selected by Keystone Church to hospitalize, secure proper treatment for and order injection(s), anesthesia, or surgery for the child as the physician(s) sees fit. I/We release Keystone Church and their employees, members, directors, volunteers, and any physician and hospital for any medical treatment provided hereunder. I/We agree to be completely responsible for any and all treatment and related costs for medical and dental services provided pursuant hereto.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_ (Parent/Guardian)  
Contact Phone Number(s): \_\_\_\_\_ (Cell); \_\_\_\_\_ (Home)  
Address: \_\_\_\_\_  
Family Doctor Office & Doctor’s Name: \_\_\_\_\_  
Family Doctor Office Address & Phone: \_\_\_\_\_  
Health Insurance Company & Phone: \_\_\_\_\_  
Group/Policy Number: \_\_\_\_\_

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Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_ (Parent/Guardian)  
Contact Phone Number(s): \_\_\_\_\_ (Cell); \_\_\_\_\_ (Home)  
Address: \_\_\_\_\_  
Family Doctor Office & Doctor’s Name: \_\_\_\_\_  
Family Doctor Office Address & Phone: \_\_\_\_\_  
Health Insurance Company & Phone: \_\_\_\_\_  
Group/Policy Number: \_\_\_\_\_