

WASH.RINSE.REPEAT.

Trinity Lutheran Church in Lowell, IN March 8-9, 2024

You are baptized once, and that remains sure and certain. But daily you sin much, and need to "return to your Baptism." Old Adam has doubts, pet sins, and straying that are kept in check by the Lord's work of calling you to repentance, and His gift of Confession & Absolution. In this repeating cycle of repentance, confession and absolution, Christ continually drowns Old Adam, and raises you as a New Creature, and blesses you to live out your Baptism. Join Pastor Harrison Goodman as he immerses us in the Fifth Chief Part of the Catechism.

Chief of sinners. Child of God. Pastor Harrison Goodman preaches Christ crucified as a light that shines in darkness and a hope for the hopeless. As HT's Content Executive, he helps to make these same gifts known online by employing the many voices and talents of our brothers and sisters in Christ. Join us at this retreat and hear all about the great gifts God continues to give us.

Things to Know

Time: When: March 8-9, 2024 6 pm Friday - 7 pm Saturday

Where: Trinity Lutheran Church Meals: Friday night snacks

Lowell, IN

revfrheinz@gmail.com

www.higherthings.org

Contact:

JH and HS students - 50 registrants only! Who: What to Bring: toiletries, especially deodorant

Cost: \$50 per person changes of clothes

> basic hygiene items Pastor Rich Heinz sleeping bags

(773) 420-7177 pillows

RSVP: OR

Higher Things website Tana McKenna 888-482-6630 ext.4 by February 26, 2024

retreats@higherthings.org



via online registration at the

Saturday breakfast, lunch and dinner



INDIVIDUAL REGISTRATION FORM

Higher Things® Retreats

Registrant S	Section						
Last	First		MI	Date of Birth	O Male	O Female	
Street				Home Phone	Cell Phone		
City	ST	Zip		Registrant E-mail Address			
□ I have attended a H	ligher Things befor	re		□ Infant (0-1) □ Toddler (2-4) □ Child (5-10) □ Youth (12-17)			
□ I have attended a H	igher Things Retre	at before		☐ Young Adult (18-20) ☐ Adult (21+) ☐ Pastor			
□ I have a disability/medical conditions/dietary or special need:				Indicate above which age group the Registrant will be at the time of the retreat .			
(Please only include :	special needs that			ts and/or dietary requirements. Other s Leader and chaperones.)	special needs shoul	d be discussed	
Group Church Name				Church Phone	Group Lead	er's Name	
Street		C	ity/ST	Zip	Pastor's Name		
Parent/Guar	rdian Sect	ion (r	equired for r	minor youth participants only	y)		
First		Last		Home Phone	Parent's	Cell Phone	
Address (if different from above	e.) City	ST	Zip	Parent's E-mail Address			
				Can we add you to an Higher Things email list?			
	I assume al	l respons	ibility and liabil	as "Registrant," to attend the Higher T ity for injury to said minor while at th es of my child in publicity and news re	e Higher Things . I a	also give Higher	
			Parent's Sig	gnature	Date		