



IDENTITY

Mount Calvary Lutheran Church - Huron, SD
August 9-10, 2024

Who are you really? Where did you come from? What's your purpose? Is there any meaning to life? All of these are some of life's biggest questions. Life can be hard when you are wrestling with these big questions. It's even harder when you look around and everyone else seems to have life figured out (even if they don't). Amazingly, God's word has the answers to life's big questions about who you are, where you come from, what's your purpose and so much more.

Pastor Chris Ascher loves to talk about Jesus and the callings he has given us as His people. He has been the Pastor of Resurrection Lutheran Church in Sioux Falls, SD for 18 years. For the past 7 years, he has also taught about Theology and Culture at Sioux Falls Lutheran High School. He is married to Laurie, has four awesome kids (Elizabeth, Daniel, Luke and Rebecca), and a dog named Sammy!

Things to Know

When: August 9-10, 2024
Where: Mount Calvary Lutheran Church
Huron, SD
Who: Confirmation Youth
Cost: \$40 per person
Contact: Pastor Kevin Koester
(605) 352-7121
revkoester.mclc@midconetwork.com

Time: Friday 4pm - Saturday 2pm
Meals: Friday supper; Saturday breakfast, lunch and snacks
What to Bring: toiletries, especially deodorant! change of clothes, sleeping bag, pillow
RSVP: via online registration at the Higher Things website by July 31, 2024





INDIVIDUAL REGISTRATION FORM

Higher Things® Retreats

Registrant Section

Last			First	MI	Date of Birth	<input type="radio"/> Male	<input type="radio"/> Female
Street					Home Phone	Cell Phone	
City	ST	Zip	Registrant E-mail Address				

- I have attended a Higher Things Conference before
- I have attended a Higher Things Retreat before
- I have a disability/medical conditions/dietary or special need:
- Youth (12-17) Young Adult (18-20) Adult (21+)
- Pastor

*Indicate above which age group the Registrant will be
at the time of the retreat.*

*(Please only include special needs that affect housing assignments and/or dietary requirements.
Other special needs should be discussed with your Group Leader and chaperones.)*

Group Church Name		Church Phone	Group Leader's Name
Street	City/ST	Zip	Pastor's Name

Parent/Guardian Section (required for minor youth participants only)

First	Last	Home Phone	Parent's Cell Phone
Address (if different from above.)	City	ST	Zip
Parent's E-mail Address			

___ Can we add you to an Higher Things email list?

I grant permission for my minor child, named above on this form as "Registrant," to attend the Higher Things Retreat in _____ . I assume all responsibility and liability for injury to said minor while at the Higher Things . I also give Higher Things, Inc. permission to use any still, audio, and/or video images of my child in publicity and news releases.

Parent's Signature

Date