

THE WITNESS OF YOU

Calvary Lutheran Church - Wray, CO February 28-March 1, 2025

More atheists seem to have a problem with Christians than with Christ. It's a common refrain. All you Christians are hypocrites. They don't even know how dark it gets. I'm way worse than they think. When you're this sinful, loving yourself, let alone exemplifying the love of Christ seems far out of reach. But the answer to each is the same. It isn't about you. It's about what was paid for you.

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

When: February 28-March 1, 2025 **What to Bring:** toiletries, especially deodorant!

change of clothes, sleeping bag/pillow,

Bible and Small Catechism

Who: Jr High **RSVP:** by February 14, 2025

Cost: \$50 per person

Contact: Dan Tietmeyer

(970)-381-2286 dtgreeley@aol.com

Meals: Friday supper; Saturday breakfast, lunch and

Where: Calvary Lutheran Church, Wray, CO

Friday 5pm - Saturday 5pm

snacks

Time:





INDIVIDUAL REGISTRATION FORM

Higher Things® Retreats

Registrant S	ection						
Last	First		MI	Date of Birth	O Male	O Female	
Street				Home Phone	Cell F	Phone	
City	ST	Zip		Registrant E-mail Address			
□ I have attended a Higher Things before				□ Infant (0-1) □ Toddler (2-4) □ Child (5-10) □ Youth (12-17)			
□ I have attended a Higher Things Retreat 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 .			
□ T-Shirt Size Small □ M	Medium □ Large □ ∑	X-Large □ XX	-Large				
(Please only include s _l	pecial needs that aj			ts and/or dietary requirements. Other Leader and chaperones.)	special needs should	d be discussed	
Group Church Name				Church Phone	Group Lead	er's Name	
Street		City/S	Γ	Zip	Pastor's Name		
Parent/Guar	dian Secti	ON (requi	ired for r	minor youth participants onl	y)		
First		Last		Home Phone	Parent's	Cell Phone	
Address (if different from above.) City	City ST Zip		Parent's E-mail Address			
				Can we add you to an Higher Things email list?			
	I assume all ı	responsibility	/ and liabili	as "Registrant," to attend the Higher ity for injury to said minor while at tl s of my child in publicity and news i	he Higher Things . I a	also give Higher	
		i	Parent's Sig	nature	Date		