

VOCATION

St. Paul's Lutheran Church - Minot, ND March 28-29, 2025

God heals us. He protects us. He provides food for us. But how? The Lord God does this through His various masks. Through doctors, the Lord heals. Through police, He protects. Through farmers, He feeds.

6th grade to college age youth

Join us for this retreat as we focus on the Small Catechism's Table of Duties and examine the doctrine of vocation. Pastors Richard, Bonine and Chepulis will lead the plenary sessions.

Things to Know

When: March 28-29, 2025 Time: Friday 6 pm - Saturday 3 pm

Where: St. Paul's Lutheran Church Meals: Supper will be available Friday upon Minot, ND arrival Broakfast and Junch will be

arrival. Breakfast and lunch will be served on Saturday with plenty of snacks

and drinks available.

What to Bring: toiletries, especially deodorant

There are no showers, but you will be able to freshen up in the restrooms. Bible, sleeping bag, pillow, air mattress

Diane Pierson RSVP: via online registration at the

Higher Things website by March 14 2025

HT

www.higherthings.org

\$50 per person

(701) 389-0418

OR

Pastor Matt Richard

stpaulrev@srt.com

dipierson1989@gmail.com

Who:

Cost:

Contact:

The mission of Higher Things is to make the Gifts of Christ Jesus known to youth and young adults.



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		