Come to camp for a weekend of fun, fellowship, and accomplishment!

It may be cold outside, but it will be warm and cozy by the fireplace enjoying some time away from everyday life. There will be plenty of space for you to spread your project out and let your ideas takeover.













Schedule

Check in Begins at noon on Friday
Jan. 24, you may move in and choose
your spot to craft at that time. Weekend
concludes at 2:00 pm on Sunday, Jan. 26.

Early Arrival

Join us up to 24 hours early! Sign up for Thursday arrival and start crafting as early as noon that day. Cost includes a simple breakfast and lunch on Friday.

Cost is \$30 extra for early arrival.

What to Bring

- Bedding, pillows, and towels.
 (Linens can be provided for \$20 per set)
- Casual clothes
- Bible (or borrow one of ours)
- Desk lamp & extension cord (optional)
- All the supplies you need for your projects.
- A snack to share (optional). Coffee and hot water are always on. Pop is available in the vending machine.
- YOU! A Friend?

Massages

Available in 30-60 minute slots. Must sign up in advance to guarantee availability. Fee is payable to therapist.





Bring Friends and Get Creative!





Costs

\$124 per person-Friday through Sunday

(Based on double occupancy in rooms.
Single occupancy room, as space
allows are an additional cost.)
All attendees must be 13+ years old

A nonrefundable deposit of \$40 is required to hold your spot.



Winter Crafting Retreat

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Name:			
Address:			
City:sta	ate:	Zip	o:
Phone:E	- mail:_		
Emergency Contact:			
Home Church:			
Do you have a roommate preference?			
Do you have any food allergies?			
Check box if interested in a massage.			
30 min 60 min	(circ	le length	n desired)
Figure Your Cost			
Base Cost of the Retreat	1 X	\$124	\$124
Linens	×	\$20	
Thursday Arrival	1 X	\$30	
Total Cost			
A nonrefundable deposit of \$40 is required to hold your spot.			

Check or Money Order Credit Card (Visa, Mastercard, Discover, or AMEX)		
CC#		Exp/
CVV#	Amount to be char	ged: \$

I give my permission for any photo taken of myself to be used for promotional purposes. In the event of an emergency I understand that my emergency contact listed above will be contacted. However, I give permission for camp staff or others to provide any emergency medical care. I agree to pay for any such care. In no situation will we hold Ingham Okoboji, staff members or board members liable. I understand choosing to participate in this program may increase the risk of being exposed to communicable diseases such as flu or COVID. For the safety of other participants and IOLBC staff, I agree to stay home if I'm ill.

Signature:	
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Questions? Call:1-800-656-2654 or Email: reaistrar@okoboii.ora

