

The Kingdom, The Campus, and The Neighborhood CGSA Winter Retreat • January 11-12, 2008 • Heartland Retreat Center

Life often seems fragmented: we work in universities, live in neighborhoods, participate in the life of a church, often in three different places. Is there a way to think about living our lives as a seamless whole? For many of us in CGSA, this is not an abstract question. We study physics or English or computer science; we volunteer or even live in Weinland Park, and we may wonder what these have to do with one another. This retreat will explore the idea that our understanding of the kingdom of God, including the way of the cross, is the way into a truly integrated life.

Program: There will be time for worshipping and listening, for discussions in groups and personal reflection, and time to just hang out and have fun. And Heartland Retreat Center has acres of grounds to wander over, weather permitting (it is January after all!)

Speaker: Stephen D. Eyre is involved in ministry with Church Discipleship Services, which helps churches use Scripture to connect sermons with small groups and personal Bible study throughout the congregation. He has written many books and Bible studies, including four LifeGuide Bible Studies. He previously served on the pastoral staff of two churches in Cincinnati and is a former InterVarsity Christian Fellowship staff.



Important Details:

Date: January 11, 2008 @ 7 pm to
January 12, 2008 @ 4 pm

Location: Heartland Retreat Center, Marengo, Ohio (directions will be sent when you register)

Facilities: You will stay in a lodge two to a room which means married couples can stay together!

Cost: \$45 per person. Complete the registration form on reverse with checks payable to CGSA.

Send to: Bob Trube • 8315 Yuma Drive • Powell, OH 43065

Questions: Email Bob at Rtrube54 at sbcglobal.net (written out to subvert spammers!).

Registration:

Name _____ Address _____

Email _____ Phone _____

1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release InterVarsity Christian Fellowship/USA® (hereafter InterVarsity®), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse InterVarsity, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.

2. I give permission to InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.

3. I give permission to InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge InterVarsity, its trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

4. Any claim or dispute arising from or related to this release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the rules of a mutually agreed upon alternative dispute resolution service, subject to provisions of federal, State and local law governing arbitration, including, but not limited to jurisdiction and allocation and payment of costs. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. These methods shall be the sole remedy for any controversy or claim arising out of this agreement and the parties expressly waive any right to file a lawsuit in any civil court for such disputes, except to enforce an arbitration decision.

I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Participant Print Name of Participant Date

Emergency Contact (Print Name) _____

Phone (____) _____

College or Health Insurance Company name, policy holder and policy number of policy

covering Participant: _____

None []

Allergies or medical conditions staff should be aware of to avoid problems and to assure proper emergency action.

None []

Names of any medications being taken or have been taken in past month.

None []

Food restrictions that staff should be aware of to avoid problems.