2026 Silver Birch Fall Retreat

What is Silver Birch?** It's the annual middle school weekend retreat of the Calvary/Faith Youth Ministry at Silver Birch Ranch near White Lake, WI. It's a great chance for youth to break away from their routines and enjoy all kinds of indoor and outdoor fun (see: silverbirchranch.org/recreation). But the youth will also have a chance to grow in their relationships with each other and God! This year's lessons will attempt to answer "Tough Questions***" that we face in life.

***Open to all students grades 6-8**

***November 13-15th 2026**

***Cost: $120**

-We have plenty of half & full scholarships available! Talk to Jon or a small group leader if you'd like to go but the cost will be a challenge.

***Checks made out to: Faith Reformed Church**

***Registration deadline: Sunday, November 1st**

-Turn in forms and payment in the collection boxes at Connect or Core, the outdoor drop-box at Faith, or the box on Jon's door.

***Bus departs from Faith Reformed (243 S. 4th St.) on Friday, November 13th at 5:30PM.**

-Bring your luggage when you drop off your child on the 13th.
-We will not stop for dinner on Friday night, so students should eat before they are dropped off.
-We will stop at Culver's on the way home, so bring $$$.

***We will return home to Faith Reformed approximately 3:00PM on Sunday, November 15th.**

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Items to Bring:

Weather-appropriate clothes (that may be used for outdoor activities)
Closed-Toe Shoes (Some activities require them)
Gloves (You'll want them for airsoft)
Sleeping bag & Pillow
Toiletry items (toothbrush & toothpaste, soap, shampoo, etc.)
Towel
Bible (if you have one), notebook & pen
Money for Culver's on the ride home as well any snacks or souvenirs you wish to purchase at Silver Birch
Optional: snacks; cards or non-electronic games for free time

Dietary Needs:

Silver Birch can make gluten-free or dairy-free meal accommodations. If needed, please check the appropriate box on the permission form.

Phone Policy:

Phones can be used to communicate with parents and take photos, but otherwise will be put away so students can focus on spending time together. Phones will be collected from 10PM to 7AM each night. A list of contact numbers of several chaperones will be provided to parents in case of emergency.

Names, Numbers & Places:

Silver Birch Ranch (near White Lake, WI)
Website: www.silverbirchranch.org
Phone: (715) 484-2742

Emergency Telephone Number:

Jon's Cell phone: (920) 447-2335

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Permission / Medical Release Form

I, (parent/guardian) _____, give my son or daughter permission to go on the 2026 Silver Birch Fall Retreat (for grades 6-8) at Silver Birch Ranch. I understand the retreat departs Friday night, November 13th and returns on Sunday, November 15th 2026. I understand the total cost of the trip is $120 which includes meals, lodging, and transportation to and from Silver Birch Ranch. Registrants will need to bring additional money for any snacks or souvenirs they wish to purchase on the trip and also for Culver's on the way home. Trip fees & permission slips must be turned in at the specified locations by Sunday, November 1st, 2026.

I understand that the event will take place at Silver Birch Ranch near White Lake, WI. I understand that while there my child may be exposed to/participate in all kinds of Fall outdoor activities, including but not limited to: Horseback riding, Airsoft, basketball, sports & field games, hiking, zip-lining, rock-wall climbing, worship and spiritual growth opportunities. Should an accident or injury of any kind occur while participating, I release Faith Reformed Church and Calvary Orthodox Presbyterian Church, along with their pastors, boards, directors, leaders, sponsors and other adults representing the church on the trip from any responsibility or liability for the accident or injury and from any claim for damages from the accident or injury. In the event that emergency medical treatment is required, I give my permission to the adult leaders to obtain necessary medical treatment for my child.

Registration Information

Student Name: _____ Student Cell (if applicable): _____

Parent Cell (name/number) _____

Second Contact (name/number) _____

Medical Information

Doctor: (name/number) _____

Allergies: _____ Dietary accommodations: ☐ Dairy ☐ Gluten

Current Medications (to be handed to leaders at the start of the trip): _____

Significant Medical History/Special needs:_____

_____

Insurance Carrier: _____

Group # _____ Policy # _____

I have carefully read and understood this entire document before signing it.

Participant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____