

About Shallowbrook...

Shallowbrook is located in central Illinois and is one of the state's most unique retreat venues. Amenities include a 10,000 square foot air conditioned home; 1500 square foot recreation room with ping pong, billiards, antique game table; in-ground 25' x 40' outdoor swimming pool; lighted basketball and tennis court; barbeque facilities; volleyball and horseshoes; fire pit; hot tub; barn with additional sleeping accommodations; piano; and 10 acres of professionally landscaped land. With wide open fields and adjacent farm property, many winter outdoor sports can be enjoyed as well.

Directions

From Grace Church...

Gartner to Washington South to Weber. Take Weber to I-55 South toward Bloomington. Merge onto I-180 W via exit 250B toward Iowa. Merge onto I-180 via Exit 61 toward Hennepin. Merge onto IL-29 toward IL-29 Peoria. Turn RIGHT onto 700 Avenue N/Kentville Road; Turn LEFT onto 1900 Street E; Turn RIGHT onto 250 Ave. N. End at Shallowbrook Farm. Estimated travel from Grace is two hours and three minutes.

Retreat Schedule

Friday, January 27

5:45pm Gather @ Grace in Fellowship Hall

6:00pm Depart for Shallowbrook

Sunday, January 29

12:00pm Depart for Home

--Lunch on the way home

2:30 Arrive at Grace

What to Bring

- Sleeping Stuff (Sleeping Bag/Pillow)
- Toiletries/Medicine
- Layered Clothing
- Snow Gear
- Flashlight
- Snack to Share
- Money for Meals
- Camera
- Bible
- Guitar, if you have one and can play it!

Registration Fee

\$90 non-refundable retreat fee

Please make checks payable to

Grace United Methodist Church

Registration due by January 2, 2012



Registration Form

Name _____

D.O.B. _____

Address _____

Phone _____ (___ cell or ___ home)

E-mail _____

Sweatshirt size _____

Best way to reach you _____

Emergency contact and phone:

Medical Insurance Carrier and ID#

I, the undersigned participant, or parent of a participant under the age of 21, consent to the attendance and do hereby release and discharge Shallowbrook Farm and Grace United Methodist Church and its leadership, from any and all liabilities for any injuries sustained by the participant while in attendance at the College Retreat. I do hereby authorize the treatment for me /my child, in the event of an emergency, if unable to give consent myself, or unable to reach me after a reasonable effort has been made to contact me. I hereby give permission for x-rays, suturing of lacerations and other emergency treatment deemed necessary by the attending physicians in any emergency room, urgent care facility, or doctor's office. I acknowledge that I am responsible for all charges incurred in connection with any care and treatment given. I also give permission to Grace United Methodist Church to administer basic first aid to me/my child, and unless otherwise noted, allow participant to be given Ibuprofen or Tylenol if needed. I have enclosed my \$90.00 non-refundable retreat fee.

Parent/Participant Signature: _____

Date: _____

Medical History and Liability Release

Is participant currently under a Doctor's care? Yes ___ No ___

If so, please explain _____

Please check all pertinent patient medical information:

___ Allergies ___ Sleep Walking
___ Asthma
___ Eating Disorder ___ Special Diet
___ Drug Reactions
___ Nightmares ___ Physical Restrictions
___ ADD

If checked, please explain _____

Physician: _____

Dr.'s Phone: _____

Health Insurance Carrier _____

ID#: _____ Group # _____

Insured's Name: _____

Place of Employment _____

Medications: Participant is responsible for administering his or her own medications. All meds must be in clearly labeled containers with name, dose, and medication.

Directions for Medication Administration

- 1.
- 2.
- 3.

Liability Release

We (I) assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation and activities involved on this retreat. Authorization and permission is given to GUMC to furnish any necessary transportation, food, and lodging for this participant. We (I) understand fully should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation arrangements and cost.

Parent/Participant Signature:

Date _____



Grace United Methodist Church

300 E. Gartner Road
Naperville, IL 60540

Phone: 630-355-1748
Fax: 630-355-9359
E-mail: rglbhl@aol.com

Grace United
Methodist Church

Sr. High Retreat!



Friday, January 27-
Sunday, January 29
2012

Shallowbrook Farm

11599 200 North
P.O. Box 277
Bradford, IL 61421
309-897-8437

www.Illinois-conference.center.com