



RESTORE the ROAR

AVALANCHE 2025 FEB 28 - MAR 2







Avalanche 2025

February 28 – March 2, Cran Hill Camp, Rodney, Michigan

The theme this year is 'Restore the Roar' based on Hosea 11:10 – For our God roars like a lion...! Avalanche will focus on the energy and adventure of living the life of a roaring lion.

Our event speaker will be <u>Jason Forsman</u>. He is the Youth Alive Director for Michigan. Jason has a passion to reach boys and teens and to help them experience Jesus.

In addition, we will have the special activities that make Cran Hill a special place – camp forests, three lakes, hiking trails and warm modern cabins. We want to encourage all boys and men to wear their warm outdoor gear for this great weekend. Forms and information are available on **www.michrr.com**



Who can Come?

This event is open to boys (ages 9 and older), fathers, grandfathers, pastors and leaders. Younger boys may attend with their fathers. Each church is responsible for permission forms and direct supervision of their boys at all times during this event. Forms need to be completed and brought to registration on Feb 28th.

Location and Facilities

The <u>Cran Hill</u> is located in Rodney, Michigan, which is west of Mt Pleasant. It is a huge facility full of activities, trails, lakes and cabins. The cabins are heated and with showers and bathrooms. All the meals will be provided during this weekend event.

Activities and Agenda

Avalanche includes many activities: trail hiking, archery, rifle range, shotgun, sledding and ice fishing. Minecraft theme games will also be featured. We also encourage groups to bring sleds, skates and ice-fishing equipment. Fire pits are available at each cabin site.

This event begins on February 28th, Friday night at 7pm at the Main Lodge. A <u>detailed agenda</u> with all scheduled activities, meals and events will be posted on the <u>michrr.com</u> website and distributed at Registration. Avalanche 2025 ends on March 2nd, Sunday after lunch about 1pm.

Cost

The cost is \$110 per person which includes all meals, event patch, activities and 2 nights of cabin lodging. A \$25 per person pre-registration is required by February 20th to reserve cabin space and meals commitment. Cabin size and selection preferences will be made on a first request basis. Pastors are invited to attend at a half-cost rate.

What to Bring

The cabins are heated and equipped with bunks and mattresses, so you will need to bring a sleeping bag or blankets. Personal items should include warm clothing, boots, hat, toothbrush and accessories. Shower and indoor bathroom facilities are available in each cabin. Groups may want to bring snacks, bottled water, hot chocolate and coffee as each cabin has a small kitchen. Do **NOT** bring radios, TVs or electronic games.

Avalanche 2025 Pre-Registration

Two Ways to Register!

Register & Pay Online:



OR

Fill Out & Mail these Forms:



Church	Phone #	Phone #		
Address				
City				
Pastor				
Cost Pre - Registration Costs: There is 1/2 cost for Pastors	x \$20 =			
Balance of Registration Costs: Due on February 28th	x \$90			
Mail this Completed Form and Payment by Febr o	uary 20th to:		Greg Wessel 596 Hampton Ct. Wixom, MI 48393	

Make Checks payable to:

Assemblies of God, Michigan District

Credit card payments are also available. Request the Avalanche cc form or obtain on the website.



Notes:

- 1. Registration fees are transferable within a church group. However, NO refunds will be given.
- 2. Late registration may be accepted. However, a \$10 per person late fee can be assessed. Exceptions will be made for new churches, guests and special cases.
- 3. Bring to Avalanche Registration: Permission/Medical/Health forms and completed Registration form.
- 4. Questions concerning registration? Need more information visit <u>www.michrr.com</u> or email Greg Wessel at <u>michrangers@ymail.com</u>.

ADULT Registration Form and Medical Information

This form must be completed and signed to attend this event. PLEASE PRINT!

Event: 2025 Avalanche	Location: Cran Hill Camp, Rodney, MI	Date: Feb 28 - Mar 2, 2025
Name	Phone	Age
Address		
City	State	Zip
Church		
Church Address		
City	State	Zip
Deeter		
<u>Medi</u>	cal and Emergency Informat	tion_
or staff, responsible for accidents or injuran illness or accident, I do hereby give r	angers or any of their staff, the Assemblies of God, no iries. I understand there will be an Emergency First A my consent to the staff to administer any medical treat ical Personnel serving during this event.	id Station on location. In the event of
Contact Name for Emergency		
Emergency Phone #		
Medical History: Good Health?		
Allergies?		
Any Physical Impairment(s) (Heart,	Epilepsy, Hearing, Vision, Asthma, Diabetes, etc	c.)?
Specify any medication that must be	e administered. Any special instructions? (Use of	ther side if necessary)
Name of Insurance Company:		
Insurance ID and Group Number:		
PASTO	R'S Certification for Adult Ca	mpers
Pastor's Signature		
Pastoral Position at Church	Date	

MINOR Registration Form

This form must be completed, signed and accompany the minor to attend this event. The purpose of this form is to make it possible for parents or guardians to authorize the provision of emergency treatment for any child <u>under the age of 18</u> who may become ill or injured. *PLEASE PRINT!*

Event:	2025 Avalanche	Location: <u>Cran Hill Camp, Rodney</u>	<u>, MI</u> Date: <u>Feb 28 – Mar 2, 2025</u>
Minor's	Name	Phone	Age
Addres	s		
City		State	Zip
Church			
Church	Address		
City		State	Zip
Name o	of Responsible Leader		
Pastor			
	PARENT Permission	n Form, Medical Authorization	and Medical Information
precauti any of the understa give my	ons for the safety of my child heir staff, the Assemblies of G and there will be an Emergence	ove named child to attend this event. I understand have been and will be provided at this event. I will be provided at this event. I will be, nor the Cran Hill, or any of their agents or by First Aid Station on location. In the event of a ter any medical treatment deemed necessary by event.	Il not hold the local church, Royal Rangers or staff, responsible for accidents or injuries. I n illness or accident to my child, I do hereby
Name o	of Parent or Legal Guardian	1	
Relation	nship		
Home F	Phone #	Other Phone #	
Medica	I History: Good Health? _		
Allergie	s?		
Any Ph	ysical Impairments (Heart,	Epilepsy, Hearing, Vision, Asthma, Diabete	es, etc.)?
Specify	any medication that must I	pe administered. Any special instructions?	(Use other side if necessary)
Name o	of Insurance Company:		
Insuran	ce ID and Group Number:		
	Signature of Parent	or Legal Guardian	 Date

Avalanche Camp Registration Form Fill Out and Bring to Camp / Required Form / Please print clearly

Church Name	Responsible Leader					_
N	A 1 10	14.0	Boys / grade		0.40	
Name 1	Adult	K-2	3-5	6-8	9-12	
2	□					
3	□					
4	□					
5	□					
6	□					
7	□					
8	□					
9	□					
10	□					
11	□					
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17	□					
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23	□					
24.						