

This retreat is for all persons with developmental disabilities, ages 12 and above, along with their families, Sunday school teachers and workers, pastors, and church staff.

Every person attending the retreat, including parents and chaperones, MUST register and needs to be listed on the registration form, located inside this brochure. A chaperone is required for every three (3) or fewer students.

Mail registration forms, along with \$72 total deposit (\$28 non-refundable registration fee + \$44 program fee), to:

Eagle Eyrie Baptist Conference Center
1 Eagle Eyrie Drive
Lynchburg, VA 24503

Or you may register online at EagleEyrie.org/Special-Needs.
Be sure to fill out all information concerning your student(s).
(All BGAV churches will receive a 10% discount on lodging and meals).

THE WEEKEND WILL INCLUDE:

- Bible study in small groups for the students
- Opportunities for fellowship and enrichment for parents and chaperones
- The annual Talent Show by the students
- Music and fun times in the Auditorium
- Saturday night dance
- Sunday morning worship

* Current VDH & CDC guidelines will be observed. *

EagleEyrie.org/Special-Needs

REGISTRATION OPENS JULY 1!
(CLOSES OCTOBER 1)



For more information, contact Eagle Eyrie
at EagleEyrie.org or 434.384.2211.

Made possible by the generous Cooperative Missions gifts of Virginia Baptist churches affiliated with the Baptist General Association of Virginia and Eagle Eyrie Baptist Conference Center.

But the fruit of the
Spirit is love, joy,
peace, forbearance,
kindness, goodness,
faithfulness,
gentleness, and
self-control.

GALATIANS 5:22-23a

BGAV

Baptist General Association of Virginia
2828 Emerywood Parkway
Henrico, VA 23294

Nonprofit Organization
U.S. Postage
PAID
Waynesboro, Virginia
Permit No. 129

FRUIT OF THE SPIRIT

RETREAT FOR YOUTH AND
ADULTS WITH SPECIAL NEEDS

OCTOBER 18-20, 2024
EAGLE EYRIE LYNCHBURG, VA

INDIVIDUAL STUDENT REGISTRATION FORM

Fill in for all your participating students. If your group numbers more than 10, you may fill out the group form below or make multiple copies of this form.

Please type or print information.

STUDENT’S NAME: _____ AGE: _____ GENDER: ☐ MALE ☐ FEMALE

ADDRESS: _____

CHAPERONE’S NAME: _____

CAN STUDENT READ AND WRITE? ☐ YES ☐ NO

DOES STUDENT COMMUNICATE WITH SIGN LANGUAGE? ☐ YES ☐ NO

DOES STUDENT HAVE MOBILITY ISSUES AND NEEDS? CHECK ALL THAT APPLY. ☐ CANE ☐ WALKER ☐ WHEELCHAIR

CURRENT VDH & CDC GUIDELINES WILL BE OBSERVED FOR THE EVENT. CHECK THE PAGE OF GUIDELINES IN THE RETREAT PACKAGE WHICH WILL BE SENT TO EACH REGISTRANT FOR UPDATED INFORMATION: ☐ I AGREE.

CONTACT PERSON FOR THE GROUP: _____

MAILING ADDRESS: _____

CONTACT PERSON’S DAYTIME TELEPHONE (WITH AREA CODE): _____

NAME & ADDRESS OF CHURCH OR GROUP: _____

EMAIL ADDRESS: _____

TOTAL NUMBER OF PERSONS ATTENDING (INCLUDING CHAPERONES): _____

LODGING PREFERENCES AT EAGLE EYRIE:

_____ VOIGHT CENTER (\$244* EACH)

_____ CEDAR CREST HOTEL (\$244* EACH)

_____ LODGE (\$208* EACH)

* Costs include lodging and \$72 deposit.

All BGAV churches will receive a 10% discount on lodging and meals.

GROUP REGISTRATION FORM

Fill in below for all your participating students for groups of more than 10.

Please indicate on this form if your student has mobility needs (cane, walker, or wheelchair needed).

Please type or print information.

STUDENT’S NAME	STUDENT’S AGE	GENDER (M/F)	CAN READ AND WRITE? (Y/N)	SIGN LANG. (Y/N)	MOBILITY NEEDS (Y/N)	CHAPERONE’S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

* While recommended but not required at this time, please note that current VDH & CDC guidelines will be observed for the event. Check the page of guidelines in the retreat package which will be sent to each group for updated information.