Central/Southern Illinois Synod
Youth Retreat
Carlinville, Illinois
November 20-22, 2026
"Spirit Led-Baptized with Fire"

Matthew 3:11

This retreat is for youth ages sixth grade through high school.

Registration cost is $194/person and includes the t-shirt. Registrations are non-refundable, but are transferable within your congregation (note: t-shirt size may not be able to be swapped for substituted registrations).

We will need one registration form per participant (both youth and adult), along with rooming lists, t-shirt sizes, and the group covenant (one per congregation). Please utilize the forms provided.

Churches are responsible for chaperoning their own youth.

Final schedule will be sent with confirmation paperwork. Confirmation information will be emailed to the Primary Congregational Leader. It is their responsibility to share information with their participants. We will have different service projects both on-site at Lake Williamson, as well as within the local community.

Health and Safety: we STRONGLY ENCOURAGE exercising caution leading up to the event in regards to illness, as well as encourage testing prior to the retreat. If you are experiencing symptoms of illness of any kind, please be considerate of the entire community and stay home.

Registration forms and payment are due back **October 1st, 2026**. Registrations received after the deadline may not be able to be accommodated.
Please make checks payable to CSIS LYO.
Registration can be mailed to:

Attn: Katlyn Reimer
First English Lutheran Church
725 E Forrest Hill Avenue
Peoria, IL 61603

For any questions please contact Raylee Brown at raylee.brown@felcpeoria.org,
Deacon Jason Fisher at Jason.fisher@csis-elca.org, or
Katlyn Reimer at kmbrown1188@gmail.com

Congregation Rooming List

Please return—1 per congregation
Please room 4-6 people per room.
Rooms have 2 full-sized beds and one set of twin bunk beds
Rooms that are single occupancy are extremely limited and on an as-needed basis. This will include an additional fee and prior conversation with Raylee Brown.
Note: Rooms with less than a 4 person occupancy may be asked to share space with another congregation. This will be as-needed and done with communication prior.

Church & City:
Primary Congregational Leader attending Carlinville:
Contact Email:
Contact Mobile Phone Number:

Male Room

1	4
2	5
3	6

Male Room

1	4
2	5
3	6

Female Room

1	4
2	5
3	6

Female Room

1	4
2	5
3	6

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Shirt Sizes (Adult sizes only)

Small _____ X-large _____

Medium _____ 2-XL _____

Large _____ 3-XL _____

Group Covenant

Have all participants sign and return—1 per congregation

As youth and adults attending this youth gathering, representing our congregation _____, we agree to:

Participate fully in the gathering experience by attending everything on the schedule;

Respect other gathering participants, following gathering rules and curfew;

Respect the adult advisor as the person in charge of our group;

Respect the gathering staff, the staff of Lake Williamson Christian Center, and other guests and residents of the area;

Refrain from the use of substances that are inappropriate for a youth gathering (drugs, tobacco, vaping, alcohol, etc.);

Behave in a manner expected by Jesus.

Dated this ___ day of _____, 2026.

Have **all** participants sign below.

Registration and Medical Form

One per participant (both youth and adult)

Participant Name_____ Gender _____ Age _____ Pronouns (optional)_____

Grade or Post High (PH) or Adult (A) _____

Address _____ City_____ State_____ Zip_____

Mother_____ Home Phone_____ Work Phone_____

Father_____ Home Phone_____ Work Phone_____

Custodial Parent: _____

List the following information for the parent/guardian/adult participant who carries medical insurance on the registrant

Full Name _____ Soc. Sec. No. xxx-xx-_____

Address _____ City_____ State_____ Zip_____

Insurance Company_____

ID, Group, and Plan Nos. _____

Please provide a copy of the insurance card

Medical History of Participant

Currently Has Or Has Ever Had:	**No**	**Yes**	
Food, Medication, or Environmental Allergies	____	____	specify_____
Asthma(or other respiratory illness)	____	____	specify_____
Diabetes	____	____	specify_____
Seizure/Epilepsy	____	____	specify_____
Heart or Blood Pressure Condition	____	____	specify_____
Mental Health Condition	____	____	specify_____
Orthopedic Issues Requiring Medical Attention	____	____	specify_____
Any Condition Limiting Strenuous Activity	____	____	specify_____
Serious Illness/Injury Requiring Hospitalization	____	____	specify_____

Any Other Health Related Issue(s):

Specify_____

Is this person normally aware of their own health care needs? Yes_____ No_____

List all medications (both over the counter and prescription) on the medications form

Emergency Contact (other than parents/guardians)

Name & Relationship _____

Phone # _____ Phone # _____

Name & Relationship _____

Phone # _____ Phone # _____

My child/I has permission to engage in all event activities. In the event that I cannot be reached in an emergency, I hereby give permission to the chaperones to secure and authorize any and all medical treatment deemed necessary, including but not limited to Emergency Department treatment, laboratory tests, radiological tests/procedures, intravenous fluids, medications, physician services, and/or surgical procedures for my child/myself named above.

X_____ Date: _____

Parent/Guardian/Adult Participant Signature

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