

MIDWEST DEAF MEN'S RETREAT MAY 15-17, 2026

32 YEARS



Seth Sobral

Rev. Seth Sobral is the pastor of the Alpha and Omega Deaf Church in Rhode Island. He studied Pastoral Studies at Zion Bible College in Barrington (now Northpoint Bible College). For over ten years, Seth has been part of "Free the Captives Ministries," spreading the gospel in urban areas of Rhode Island and Massachusetts. He's also the Vice President of the Deaf National Multicultural Fellowship. Seth and his wife Gloria have three children—Christine, Heather, and Seth Jr. In his free time, he enjoys watching the New England Patriots football team and, above all else, sharing the gospel of Jesus with others.

MWDMR COMMITTEE

Cody Duncan - Chairperson (Minn/ND Rep.)
legendcowboycody@gmail.com

Mike Fahley - Treasurer (Minn Rep.)
mjfahley62@gmail.com

Cameron Ainley - Illinois Rep.
eagle4ainley@aol.com

Kurt Wilcox - Illinois Rep
71beep383kew@gmail.com

Paul Spiewak - Wisconsin Rep.
paul7spiewak@gmail.com

Roger Kraft - Indiana Rep
rogerckraft@gmail.net

Michael Kalling - Michigan Rep.
mkalling@comcast.net

CAMP COST INFORMATION

LODGE - 9 TWN BEDS/ 1 DOUBLE
MOTEL - 1-3 ROOMATES

(2 roommates request for motel only.)

BEFORE MAY 2

\$180 - NO BED PACK

\$195 - BED PACK*

AFTER MAY 2

\$215- NO BED PACK

\$235 - BED PACK*

***Comes with sheets, pillow, blanket, and towel.**

Must be paid in full by May 2, 2026
(Full payment is \$180/\$190)

SCHEDULE

Friday

Registration: 3:00 pm - 5:00 pm

Friday and Saturday

Supper: 5:00 pm - 6:00 pm

Service: 7:00 pm

Bonfire: 10:00 pm

Saturday

Breakfast: 8:00 am - 9:00 am

Workshop 9:30 am - 12:00 pm

Lunch: 12:30 pm - 1:00 pm

Recreation: 1:00 pm - 5:00 pm

Sunday

Breakfast: 8:00 am - 9:00 am

Service: 10:00 am

Lunch: 12:00 pm

Clean up: 1:00 pm

Dismissal: 2:00 pm

CAMPGROUND LOCATION

Spencer Lake Christian Center

N1385 County Hwy E, Waupaca, WI 54981

(Use N1410 Cedar Lane for GPS)



PLEASE PRINT NEAT

Name: _____

Address/City/State/Zip Code: _____

Text: _____

E-mail: _____

VP: _____

Emergency Contacts (family/relative/or
friend) _____

Relationship; _____

Phone/Text: _____

VP: _____

Relationship: _____

Special Needs? _____

Deaf-blind Interpreters? _____

Any other information we should know? _____

Signature: _____

Date: _____

MIDWEST DEAF MEN'S RETREAT ↻
write on a check or money order

and then

MAIL YOUR REGISTRATION WITH PAYMENT TO:

Michael Fahley c/o MWDMR

4720 18th Ave. South

Minneapolis, MN 55407

Questions - Mjfahley62@gmail.com

Text: 612.412.7670