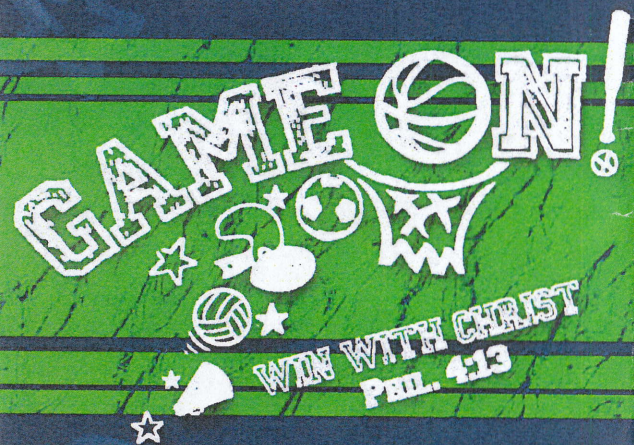


"I CAN DO
ALL THINGS
THROUGH CHRIST
WHO STRENGTHENS
ME."



**GO
TEAM C**

**WIN
WITH CHRIST**

Bus leaves
Grace Church
on Day 1 at
3:30pm
Bus returns to
Grace Church
on Day 3 at
5:30

**MVP
ALL-STARS**

Get your
GAME ON
at GRACE
Church
Camp
Summer
2014

Girls: July 15-17
Boys: July 18-20

Everyone is welcome on
Team "C"

NO TRYOUTS NECESSARY!

If interested, meet at
the Cross.

It's the starting point for
ALL MVP's.

All talents and abilities will
be developed.

NO ONE SITS THE BENCH!

Registration is open to anyone
who has completed
1st - 5th Grades

CAMP DATES

Girls Camp: July 15-17

Boys Camp: July 18-20

COST:

\$70 Payable in 2 installments.
A \$35 Non-refundable deposit
is Due by June 8th.

The remaining \$35 is Due by
the First Day of Camp.

This price includes all Meals,
Lodging, All Activities,

WHAT TO PACK?

Weather appropriate old play
clothes, a jacket or sweater,
Bible, pen, notebook, sleeping
bag or linens for a twin bed,
pillow, flashlight, water
bottle, bug spray, towels,
soap, and other personal
toiletries, one-piece swimsuit
for girls, sandals or flip flops
for lake, old tennis shoes, dark
clothes for Mission Impossible
game, and money for the
Snack Shop. Also pack long
'sports' socks or 'crazy' socks
and a hat for fun activities.

PLEASE DO NOT BRING:

Halter tops or belly shirts,
bikinis or bathing suits with
legs cut high in the front. Suit
should be modest or you will
be required to wear a T-shirt
or shorts. Shorts should be no
shorter than mid-thigh.

Shorts or pants
must cover underwear.

**PLEASE DETACH THIS
PORTION WITH PAYMENT.
CAMP IS OPEN FOR ANY
CHILD WHO HAS COMPLETED
1ST - 5TH GRADES.**

Child's Name _____

Age _____

Grade Completed this year _____

Tee Shirt Size

Youth ____S ____M ____L

Adult ____S ____M ____L

**WE LOOK FORWARD TO
SEEING YOU AT
CAMP!!!!**

GAME ON!

WIN WITH CHRIST
PHIL. 4:13

CAMP REGISTRATION FORM

Open to all who have completed 1st through 5th grades

NAME _____ T-Shirt size: Youth S M L Adult S M L

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

HOME CHURCH _____

GRADE COMPLETED _____ DEPOSIT PAID _____ BALANCE DUE _____

ATTENTION PARENTS: Due to health standards it will be necessary that we conduct checks for head lice prior to your child/children participating in camp. If head lice are found on your child/children, you will be contacted immediately. Full treatment and re-evaluation will be required before your child/children will be allowed to go to camp.

PARENTAL CONSENT FORM

To Whom It May Concern:

I give my child, _____, permission to attend and participate in all activities sponsored by Grace Church Ministries for the Children's Camp held at the Southern IL Christian Youth Camp in Makanda, IL. in the month of July.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatments, and hospital care, to be rendered to the minor under the general and special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physicians or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant of this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Grace Church Ministries.

Hospital Insurance: Yes _____ No _____ Insurance Company _____

Policy Number _____ ID/Group Number _____

Emergency Phone Numbers _____

Parent/Guardian Signature _____

Father's Name _____ Mother's Name _____

On the reverse side of this page, please list any allergies or special medical problems your child may have.

**Sponsorship Available If you need
Financial Assistance please
Indicate
Need help**

**Thank You,
Youth Department
Grace Church Ministries.**