CAMP REGISTRATION

Name:	
City:	
Zip:	Phone #:
DOB:	Sex: M / F
Age:	Grade This Fall:

CAMP FEES

Check Applicable Boxes to determine total below.

Reservation Fee:	+ \$50.
Additional Camp Fee:	+ \$135.
*Early-Bird Special (ends June 16)	: - \$10.
**CBC Member Discount:	- \$15.
Late Fee imposed after June 30:	+ \$15.
TOTAL COST <u>\$</u>	

@CalvaryBaptistChurchEP

venmo

All checks payable to Calvary Baptist Church

* *Early-Bird Special:* to qualify, Reservation Fee must be paid by June 16th

** *Member Discount:* Must be active Member of CBC, Elkins Park to qualify

All Fees go to costs of

transportation and all activities: Horseback riding, Hayride, Swimming, Ropes Course, Archery, Riflery, Canoeing, etc.

A **Snack Shop** account is cash only and arranged with receipt of this registration.

NOTE: We are limited in the number of campers we can accommodate, so please fill register forms early to assure your place.

~~*~*~*~*~*~*~*~*~*~*

For Office Use Only

Amount received with Form: \$	
Snack Shop Amount Received: \$	
Date Form Received:	

PICTURES FROM PAST YEARS







There's no place like Camp Calvary!



CAMP CALVARY 241 Cadwalader Ave. Elkins Park, PA 19027 215-886-5743 Emergency Contact: 215-779-5615



CAMP CALVARY A Ministry of Calvary Baptist Church Elkins Park, PA JULY 8TH – 12TH 2024

> ONE WEEK. ONE PLACE. TWO GREAT CAMPS. JUNIOR CAMP 1ST-6TH GRADES TEEN CAMP 7TH-12TH GRADES

One Place. One Week. Two Great Camps!

THE CAMP CALVARY EXPERIENCE INCLUDES...

- Outdoors Adventures 125+ wooded acres
- Large Swimming Pool with lifeguard & Diving Board
- Pond for Canoeing & Fishing
- ³ Horseback Riding
- **1** Softball & Soccer Field
- Hiking and Nature Studies
- 🗡 Zip Line
- Home-style Meals
- Friendly Campers & Counselors
- 🕾 Bible Studies
- Character & Teamwork Building
- And Much More!









PACKING CHECK LIST

Bring These Items:

Bible and a Pen

- Outdoor Clothing
- Sleeping Bag and Pillow
- Towels and Toiletries
- Swimming Clothes (Shorts & Dark Tee)
- Sunscreen
- Flashlight and Bug Spray
- □ Sneakers
- Drink Bottle for Water
- Money for Snack Shop (paid in advance)
- 🔲 Your Best "Can-Do" attitude

Do Not Bring These Items:

- ⊗ Electronics (i.e. **phones**, tablets, gaming devices, etc.)
- $\,\otimes\,\,$ Books or Magazines
- Tobacco, Alcohol, knives, drugs, fireworks, lighters, matches, etc.

Clothing Guidelines:

- \square Shorts must be to the knee
- ☑ Pants will be worn at the waist and Hats brim forward.
- ☑ Bring Loose-fitting clothes: No Yoga pants/Leggings/spandex as outerwear, etc
- ☑ No Sleeveless shirts, tank tops, midriff or low-cut tops, clothes with objectionable slogans or artwork

Transportation:

Please have children at Calvary Baptist Church by 8:00 AM Monday, July 8th. We will return to CBC by 3:00 PM Friday, July 24th.

> CAMP LOCATION: PROMISED LAND CAMP 220 Boyscout Rd. Conestoga, PA 17516 (717) 872-5403

MEDICAL RELEASE FORM

If there is a medical condition which demands special attention, please submit a detailed explanation of the medical problem & medication needs along with this application. A decision will then be made as to whether or not our staff is equipped to deal with this medical condition.

- Does your child have... Heart trouble of any kind? _____ Respiratory trouble of any kind?_____ Take any medications regularly?_____ Any Allergies? _____
- Can your child take Tylenol?
- Can your child run and play strenuously? If "no", explain _____

Important Release:

I, the undersigned, being the parent or legal guardian of _____

(camper's name),

do hereby authorize the Director of the camp and/or Camp Nurse to take action in my place should any medical emergency arise while the aforementioned child is attending Camp Calvary. I authorize such medical care, treatment or surgery as may be required to be given said child, using only the best discretion, and upon a Doctor's recommendation, and hereby ratify and confirm all such actions taken pursuant to this authority.

Χ_

(Parent/Guardi	an Signatu	re)	(Date)
Address:			
City:			
Home Phone:			
Cell#:			
Health Ins. Plan:			
Policy#:			
Primary Care Phys			
Physician Phone: _			