

Grace Bible Camp

Over *the* Moat

DRAWBRIDGE TO THE KING!

June 26-30, 2017



GRACE BIBLE CHURCH
128 BRADENVILLE SCHOOL ROAD
BRADENVILLE, PA 15620



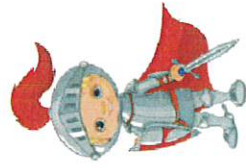
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BRADENVILLE, PA 15620



AGES 6-16



Schedule

Registration & Unpack.....Monday, June 26

(9:00 A.M. to 11:00 A.M.) -Lunch and Supper provided

Pick-Up.....Friday, June 30

(Noon) - Breakfast Provided



Day Campers: Day Campers should arrive each morning at 9:00 in order to eat breakfast with the other campers. The last service is over at 7:00 P.M.

Cost: The cost of Grace Bible Camp is \$75.00. Money can be paid at registration.

WHAT TO BRING: bedding, bathing suit, Bible, beach towels, bath towels, athletic shoes, shower shoes, money for snacks.



FOOD: The campers will be provided three meals a day, excluding Monday and Friday. However, there is also a "snack-shack" open in the afternoons and after the evening service. Campers will buy store cards and the store cards will be used as currency. Store cards come in five and ten dollar increments.

Swimming: There is a pool at the camp site for smaller children who cannot swim. Campers will be transported about two miles away to a swimming pool.



Registration Form

Name _____
(Last) (First) (M.I.)
Date of Birth _____ Age _____
Street Address _____
City _____ State _____ Zip _____

Home Phone () _____

Father's Name _____

Mother's Name _____

Father's Cell _____ Mother's Cell _____

Emergency Contact _____ Phone _____

Medications your child is allergic to: _____

My child can swim proficiently: YES NO

My child will be a DAYCAMPER OVERNIGHTER

If, in the judgement of any responsible person employed by the Grace Bible Camp, the student named on this card needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said students by any medical personnel or camp representative. I do hereby agree to indemnify and hold harmless the Grace Bible Camp and any camp representative from any claim by any person whomsoever on account of such care and treatment of said student.

I authorize the medical staff at the hospital to give my child full care which includes, but is not exclusive to, anesthesia, CPR, ventilation, etc.

I understand that every effort will be made by the camp personnel to reach me before any decisions are made.

If my child is on any medications I will list them for the camp nurse and bring them to registration. I will not send them with my child.

Parent Signature _____

Date _____