

Registration

Last Name: _____

First Name: _____

Male: _____ Female: _____

Age: _____ Grade: 7 ___ 8

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email: _____

Home Church: _____

Cabin Buddy: _____

Financial Information

Total Cost: \$94.00

Please detach this registration form and send with a \$25 non-refundable deposit to:

**Camas Meadows Bible Camp
Jr. High Winter Blast
P.O. Box 304
Cashmere, WA 98815**

Amount Enclosed: \$ _____

Non-Profit
U.S. Postage
Paid
Wenatchee, WA
Permit No. 1

**Camas Meadows Bible Camp
P.O. Box 304
Cashmere, WA 98815
www.camasmeadows.org**

Camas Meadows Bible Camp
presents

Jr. High Winter Blast 2010



January 8-10, 2010

A winter retreat for Junior High Students

with guest speaker

Jason Harwood

of Aurora Church of the Nazarene



What to expect:

Tubing “The Hill” – cross country skiing - snow hockey - great food - crazy fun counselors - cool contests - campfires - and meeting with God in the snowy beauty of His creation!

When to Come:

Registration begins at 6:00 p.m. Friday
 Checkout is 2:00 on Sunday
See the CMBC website for a full schedule

www.camasmeadows.org/jrhighwinterblast.php

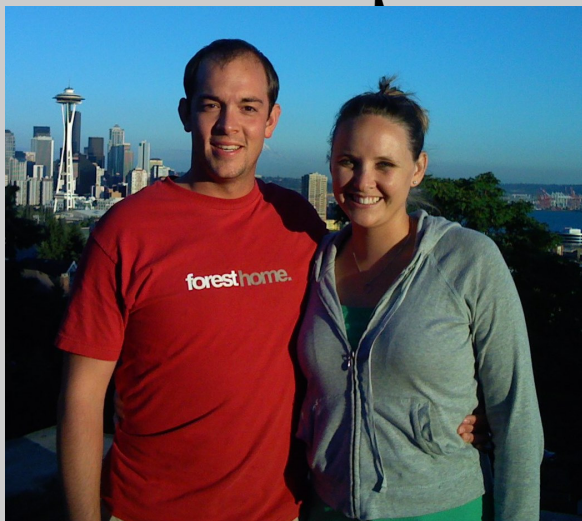
What to Bring:

Flashlight, warm winter snow clothes, dry lodge loungin’ clothes, sleeping bag and pillow, toiletries, Bible and pencil or pen. Money is optional.
Pop (\$.50) and candy (\$.75) are sold from our Canteen store

What not to bring:

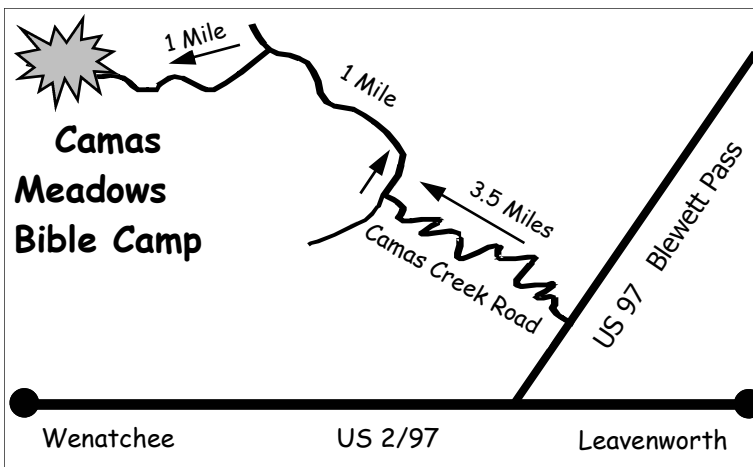
Any kind of electronics (cell phones, video games, ipods, etc), guns knives or other weapons, drugs, alcohol, pets, fireworks, or matches.

About the Speaker



Jason Harwood is the Youth Pastor at Aurora Church of the Nazarene in Shoreline, Washington. Jason’s fun personality and passion for God will make this a weekend you will remember. Your relationship with God will never be the same!

How to Get There



Family/Health Information

Emergency Contact Info

Name of Parent/Guardian: _____

Phone Number: _____

Alt Phone: _____

Medical Information

Allergies: _____

Medical Conditions/Restrictions: _____

Last Tetanus Shot: _____

Insurance: _____

Policy #: _____

Doctor/Pediatrician: _____

Phone Number: _____

Emergency Medical Release & Liability Waiver

1) I give my child permission to participate in the activities of Camas Meadows Bible Camp. 2) I give consent to any emergency medical treatment deemed necessary by the Camas Meadows staff for my child (parents will be notified as soon as possible). 3) I absolve Camas Meadows Bible Camp and its personnel of liability for any accident or illness caused by my child’s participation in the camp program. 4) The parent/guardian submitting this registration are those having legal custody over the child. 5) I am not aware of any physical or other limitations that would hinder my child from participating in the camp program.

Parent/Guardian Signature _____

Date _____