

**Winter Staff Retreat
Registration**

Last Name: _____

First Name: _____

Camp Name: _____

Male: _____ Female: _____ Age: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email: _____

Home Church: _____

Please register by December 10!

Financial Information

Total Cost: \$99.00

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

**Camas Meadows Bible Camp
Winter Staff Retreat
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
Summer Staff
Winter Retreat**



Dec. 26-29, 2011

*A winter retreat for Camas
Meadows Summer Staff*

*with guest speaker
Josiah "Zorak" Milner
—Old School Camas Staff—*

About the Speaker



This years speaker, Josiah “Zorak” Milner brings an honest search for truth and unique sense of humor to chapel sessions. Josiah and Crystal “Sniggles” have both been on staff at Camas Meadows as counselors and cooks. They were married on the meadow in 2010 and are currently attending Eastern Washington University where Josiah is studying accounting & enjoying Space Ghost.



Whether you’ve been on staff for years or are thinking about joining this summer, you are invited to the Summer Staff Winter Retreat. Come for the great fellowship, funky games, and to meet with our amazing God in the wintry beauty of His creation at Camas Meadows Bible Camp.

Registration begins at 6:00 p.m. Monday

Checkout is 2:00 on Thursday

See the CMBC website for a full schedule

<http://www.camasmeadows.org/summerstaffwinterretreat.php>

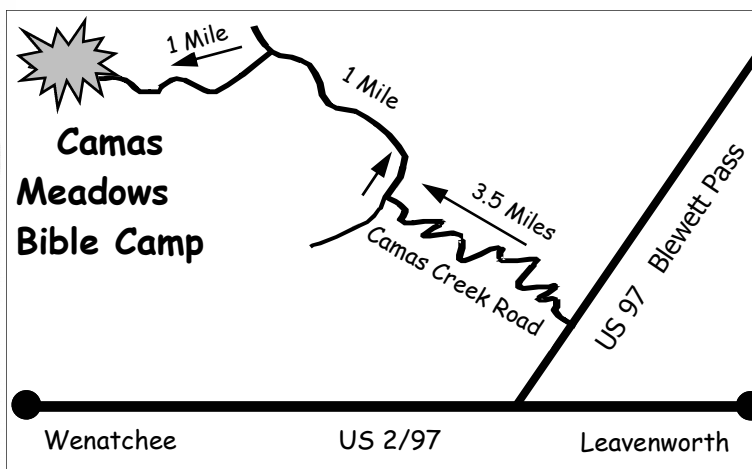
What to Bring:

Flashlight, sleeping bag and pillow, warm winter clothes, dry lodge loungin’ clothes, extra socks, toiletries, Bible, and a teachable heart!

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.

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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 _____