

For Children Who Have Completed

**4th & 5th Grade-
July 26-31, 2009**

Early Bird Registration: \$250

(postmarked by June 15)

After June 15: \$260

Day of Camp: \$285

Check-in - 4:00 PM Sunday

Check-out - 3:00 PM Friday



For Children Who Have Completed

**2nd & 3rd Grade-
Aug 2-6, 2009**

Early Bird Registration: \$220

(postmarked by June 15)

After June 15: \$230

Day of Camp: \$255

Check-in - 4:00 PM Sunday

Check-out - 3:00PM Thursday

For Children Who Have Completed
**Kindergarten & 1st Grade-
Aug 6-8, 2009**

Early Bird Registration: \$100

(postmarked by June 15)

After June 15: \$110

Day of Camp: \$135

Check-in - 4:00 PM Thursday

Check-out - 3:00 PM Saturday

Cut on this line and send the bottom portion to Teresa Crews 2485 Spero Rd. Randleman NC 27317

2009 CAMPER REGISTRATION - Children's Camp

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ GENDER _____ COMPLETED GRADE* _____

PHONE #(_____) _____ EMERGENCY #(_____) _____

PARENT'S NAME _____

EMAIL _____

CHURCH (include city) _____

* If your child is in 1st grade and attended camp in 2008, they may choose to attend 2nd/3rd grade camp due to the changes in the grade structure.

CAMP FEE: _____
LATE FEE: _____
AMOUNT ENCLOSED & CK#: _____ & # _____
AMOUNT DUE: _____

One-half of fee must accompany registration.

Non-Refundable

Make check payable and send with form to:

NC East Wesleyan Children's Camp

c/o Teresa Crews

2485 Spero Road

Randleman, NC 27317

Early registration due by: June 15, 2009

If a child cannot come to camp solely due to financial reasons, contact the camp director at sherry@mtzionwesleyan.com

FOR OFFICE USE ONLY:

- Parent _____
- Church _____
- Other _____
- Date received _____

PLEASE CHECK CAMP:

- 4th/5th Camp**
July 26-31, 2009
- 2nd/3rd Camp**
Aug 2-6, 2009
- Kin/1st Camp***
Aug 6-8, 2009

**chaperone required/
must fill out worker app*

PLEASE CHECK CAMP

T-SHIRT SIZE:

- Child S (6-8)
- Child M(10-12)
- Child L (14)
- Adult S
- Adult M
- Adult L
- Adult XL

Victory Mountain Camp admits children of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to campers.

All the stuff you want to know!

CAMPER RELEASE LIST (Keep as a reminder of who you listed):

My child may be released to the following people:

- Driver of the Church Van _____
- Parent _____
- Other _____
- _____
- _____
- _____

My child may **not** be released to the following people:

- _____
- _____
- _____

If I send someone different to get my child, I need to send a signed note with that person.

PLEASE LABEL AND BRING THE FOLLOWING ITEMS:

<u>CLOTHES</u>	<u>BEDDING</u>	<u>OTHER ITEMS</u>
underwear	sheets	towels
shorts	pillow	washcloths
shirts/tops	sleeping bag	soap/shampoo
pants/jeans	blanket	deodorant
sweatshirt/sweater		comb/brush
tennis shoes		toothbrush/paste
socks		Bible
bathing suit		flashlight
flip flops (for shower only)		insect repellent
hat		sunscreen lotion
		laundry bag

Victory Mountain Wesleyan Camp

Wesleyan Children's Camp
(for use during camp)
3592 Youth Camp Rd
Sophia, NC 27350

336-861-7041
336-861-3131

PLEASE DO NOT BRING:

- Electronic Games
- Listening Devices
- Trading Cards
- Games
- Toys
- Cell phone

Only bring what is listed in the box above. The Wesleyan Children's Camp will supply all other needed materials.

~~Cut on this line and send the bottom portion to Theresa Crews 2485 Spore Rd. Randleman NC 27317~~

CAMPER RELEASE LIST:

My child may be released to the following people:

- Driver of the Church Van _____
- Parent _____
- Other _____
- _____
- _____
- _____

My child may **not** be released to the following people:

- _____
- _____
- _____

We recognize that changes may occur during the week of camp. If you must send someone who is not on the list to get your child, please send a signed note with that person.

Parent's Signature

X _____

LIST ANY ALLERGIES:

LIST ANY MEDICATIONS TO BE GIVEN:

(All medicine will be given to the Camp Nurse upon arrival)

HEALTH INSURANCE COMPANY

Group # _____

Policy # _____

**The camp's insurance policy is secondary.
It will cover only if you do not have coverage.**

The camp attending personnel or hospital has my permission to administer needed medical procedures in an emergency.

Parent's Signature

X _____