

CAMP EVANGEL FALL RETREATS

Set Apart



"But ye are a chosen generation, a royal priesthood, an holy nation, a peculiar people; that ye should shew forth the praises of him who hath called you out of darkness into his marvelous light;"

1 Peter 2:9

Teens: Sept. 9-10, 2016

Juniors: Sept. 23-24, 2016

Cost: \$25.00

www.campevangel.org

Send pre-registration to:

Camp Evangel

238 West Southland Dr. - Ashland, KY 41102

For more information, call: (304) 210-4198

Registration begins @ 4:00 pm Friday

Camp ends @ 4:00 pm Saturday

Registration

Please check one: Jr. Retreat _____ Teen Retreat _____

Name _____ Sex: M or F

Home address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade _____

Parent/Legal Guardian Name _____

Emergency Phone #: _____

Name of Insurance Company _____

Name of Policy Holder _____

Date of last Tetanus Shot _____

Please list all Medications or Allergies on a separate sheet.

In signing this application, I hereby certify that the person named on this form is in good health and may participate in the activities of Camp Evangel. (Exceptions are listed on attached sheet). In case of medical emergency, I authorize Camp Evangel officials to secure medical treatment that includes injection, anesthesia, surgery, or dental treatment for the camper named on this form. I agree the camper will abide by Camp Evangel rules of conduct and use of camp property and will participate fully in the camp program. If Camp Evangel officials deem it necessary for him/her to return home because of illness or any other reason, I will abide by the Camp's decision and make arrangements to bring him/her home. I give permission to use photos including the camper for publicity.

Signature of Parent or Guardian
