

Name _____

Age _____ Male or Female

Address: _____

City _____

State _____ Zip _____

Phone (____) _____

(____) _____

Emergency Contact Name & Phone: _____

(____) _____

Roommate Request: _____

Week Attending:

Junior Week 1 (July 4-8) _____

Teen Week 1 (July 11-15) _____

Teen Week 2 (July 18-22) _____

Junior Week 2 (July 25-29) _____

Registration begins at 10:00 am.

Camp ends at 2:00 pm.

Fee: \$100 for the Week

NO Discounts

(Includes all meals and activities)

**Bring Spending Money for
The Snack Shack and
The Trading Post.**

**Please fill out both sides of this form
and send to the mailing address.**



Camp Evangel

Mailing Address:

238 W Southland Drive
Ashland, KY 41102

Physical Address:

105 Camp Evangel Road
Pounding Mill, VA 24637

Website:

<http://www.campevangel.org>

Contact numbers:

606-928-5127 (SBI)
606-923-8599 (Arnold Adams)
276-202-3557 (Brian Tegeler)
276-964-2230 (Camp Evangel)



Camp Evangel Summer 2016



Chosen.
Ephesians 1:4

2016 Camp Dates

June 27—July 1
Leadership Training

July 4—8
Junior Week 1

July 11—15
Teen Week 1

July 18 -22
Teen Week 2

July 25—29
Junior Week 2

YOU ARE CHOSEN

“According as he hath
chosen us in him before
the foundation of the
world, that we should be
holy and without blame
before him in love:”
Ephesians 1:4

Packing List

- ⇒ Shorts (Must come to the knee)
- ⇒ Shirts (No tank tops allowed)
- ⇒ Play clothes
- ⇒ Tennis shoes
- ⇒ Chapel clothes
 - Girls: Skirts/Blouses or Dresses
(All to the knee)
 - Boys: Nice shirt & slacks
- ⇒ Swimwear:
 - Girls: One piece swimsuit
 - Boys: Trunks (T-shirt to the pool)
- Sandals & Towel for Pool
- ⇒ Toiletries (Towels, Washcloths,
Soap, Shampoo, Toothbrush,
etc...)
- ⇒ Twin Sheets or Sleeping Bag &
Pillow/ Flashlight
- ⇒ Bible, Pen, Notebook

Do NOT Bring:

Electronics, Cellphones,
Tobacco, Fireworks,
Music, Weapons,
Immodest Clothing,
(No leggings or yoga pants)
Bad Attitudes

Camper's Insurance Co. & Policy #

Name of Policy Holder

Date of Last Tetanus Shot:

Please list medication taken regularly, allergies, dietary needs or other pre-existing medical conditions on separate paper.

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. I/we understand the possibility of unforeseen accidents and incidents; agree not to hold Camp Evangel/SBI, its leaders, staff, and volunteers liable for damages, losses, disease, or injuries incurred by the subject.

Parent/Guardian Signature: