

Name _____

Age _____ Male or Female

Address: _____

City _____

State _____ Zip _____

Phone (____) _____

(____) _____

Emergency Contact Name & Phone:

(____) _____

Roommate Request: _____

Week Attending:

Junior Week 1 (July 8-12) _____

Teen Week 1 (July 15-19) _____

Teen Week 2 (July 22-26) _____

Junior Week 2 (July 29-Aug.2) _____

Registration begins Monday at 10:00 am.

Camp ends Friday at 2:00 pm.

Fee: \$110 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 camp address.

Address

105 Camp Evangel Road
Pounding Mill, VA 24637

Website

<http://www.campevangel.org>

-Online Registration Available-

Find us on Facebook

Contact numbers:

276-964-2230 (Camp Evangel)



Who is able to pick up your camper?

1. Name: _____

Last four digits of their phone #: _____

2. Name: _____

Last four digits of their phone #: _____

3. Name: _____

Last four digits of their phone #: _____

Camp Evangel

Summer 2024

Wilderness

Wars

Colossians 2:7

“Rooted and built up in Him, and stablished in the faith...”

July 8-12 – Junior Week 1
July 15-19 - Teen Week 1
July 22-26 - Teen Week 2
July 29-Aug.2 - Junior Week 2
-www.campevangel.org-



Packing List

- Shorts (To the knee)
- Shirts (No tank tops)
- Tennis shoes
- Refillable Water Bottle

Chapel clothes

- Girls: Skirts/Blouses, Dresses
(All to the knee)
- Boys: Nice shirt & slacks

Swimwear

- Girls: One piece swimsuit
(Cover-Up to the pool)
- Boys: Trunks
(T-shirt to the pool)

Sandals & Towel for Pool

Toiletries

- Towels, Washcloths, Soap,
Shampoo, Toothbrush
- Twin Sheets or Sleeping Bag,
- Pillow / Flashlight
- Bible, Pen, Notebook

Do NOT Bring:

- Electronics, Cellphones,**
- Tobacco, Fireworks,**
- Music, Weapons,**
- 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 the **Camp Evangel Medication Form**.

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:

**You will be asked to sign a covid waiver form before your child can come to camp.