

DAY CAMP

July 14-17, 2014

9AM - 3PM

Grades: 1st - 6th

Cost: FREE

at

BETHANY LB CHURCH



DAY CAMP REGISTRATION

CAMPER INFORMATION

Name (First & Last) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Male Female Date of Birth ____ / ____ / ____ Grade Entering ____

Home Church (Optional) _____

Allergies/Medical Conditions _____

Emergency Contact: _____ Phone: _____

Please complete both sides of registration form. Pre-registration is required.

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Inspiration Point

CHRISTIAN CAMP + RETREAT CENTER

DAY CAMP

Bethany Lutheran Brethren Church

805 University Ave | Colfax, WI

Cost: FREE

- Campers will bring sack lunches
- Please register by July 4, 2014 by completing the attached registration form and returning it to: Bethany Lutheran Brethren Church

For more information please contact 715.704.0106 or 715.962.2280 or visit us at www.bethanylbchurch.org

PARENTS/GUARDIANS INFORMATION

Name(s) _____

Home Phone _____ Cell/Work Phone _____

Email _____

PARENTAL/GUARDIAN CONSENT

I hereby give permission for my child to attend an Inspiraition Point Day Camp and designate Day Camp officials to act on my behalf in authorizing routine and/or emergency medical care. I also agree to hold harmless Lutheran Brethren Bible Camp, Inc. and the host church for any and all claims for injuries, causes for action, or liability related to the Day Camp facilities or activities. I give Day Camp officials authority in matters of discipline, understanding that any camper disregarding Day Camp rules is subject to being sent home. I give my child permission to ride in Day Camp provided transportation. I further authorize Inspiraition Point and the host church to use photos or video taken of my child at Day Camp for promotional purposes.

Parent/Guardian Signature

Date



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