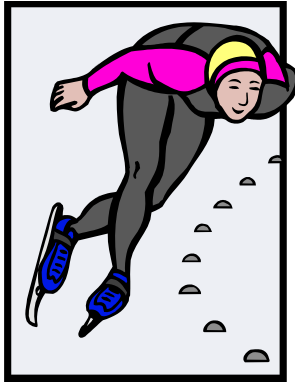


CAMP EVANGEL SPRING RETREATS

"Christ in Everything"



GOLD RUSH

Go for the Gold

I Corinthians 9:24

"Know ye not that they which run in a race run all, But one receiveth the prize? So run, that ye may obtain."

April 4-5 **TEEN** Retreat
April 11-12 **JUNIOR** Retreat

Cost **\$20.00**

Registration: Friday 4-6pm
Retreat Ends: Saturday at 4pm

For packing list or directions see our website:
www.campevangel.org

Camp Evangel
238 W Southland Dr.
Ashland, KY 41102

Camp Evangel Located: 105 Camp Evangel Rd
Pounding Mill, VA 24637

Phone: 606-923-8599 or 606-928-5127

REGISTRATION

TEEN Retreat
April 4-5 _____

JUNIOR Retreat
April 11-12 _____

Sex: M or F

Name

Mailing Address

City State Zip E-mail address

() ()
Phone Emergency Phone

Birth Date Age Grade Request One Roommate

Parent/Legal Guardian Name

Name of Group/Church (if applicable)

Camper's Insurance Co. and Policy #

Name of Policy Holder Date of last Tetanus Shot

List medication taken regularly, allergies, dietary needs, or other pre-existing medical concerns. (Attach separate page if needed.)

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 included 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 Legal Guardian

Date