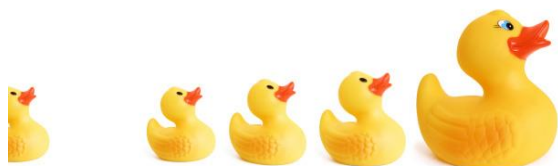


# Nearing the End...

II Timothy 3:1 & II Peter 3:3



DON'T GET  
**LEFT**  
BEHIND

Teens: August 21-22, 2015

Juniors: August 28-29, 2015

**COST: \$25**

[WWW.CAMPEVANGEL.ORG](http://WWW.CAMPEVANGEL.ORG)

**SEND PRE-REGISTRATION TO: CAMP EVANGEL**

238 WEST SOUTHLAND DRIVE

ASHLAND, KY 41102

(606) 928-5127 OR (304)-210-4198

**\*BRING YOUR SWIMMING ATTIRE\***

(GIRLS: 1 PIECE SWIMSUIT, BOYS: SWIMMING TRUNKS & SHIRT)

**ARRIVAL FRIDAY: 4 PM    PICK-UP SATURDAY: 4 PM**

## REGISTRATION

PLEASE CHECK ONE: JR. RETREAT \_\_\_\_\_ TEEN RETREAT \_\_\_\_\_

NAME \_\_\_\_\_ SEX M OR F

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

NAME OF GROUP \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

**LIST AND 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 LEGAL GUARDIAN**

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