

Name _____

Age _____ Male or Female

Address: _____

City _____

State _____ Zip _____

Phone (____) _____

(____) _____

Emergency Contact Name & Phone: _____

(____) _____

Roommate Request: _____

Week Attending:

Junior Week 1 (July 10-14) _____

Teen Week 1 (July 17-21) _____

Teen Week 2 (July 24-28) _____

Junior Week 2 (July 31-Aug. 4) _____

Registration begins at 10:00 am.
Camp ends 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 mailing address.**

Mailing Address:

5673 SOUTHLAND DR
ASHLAND, KY 41102

Physical Address:

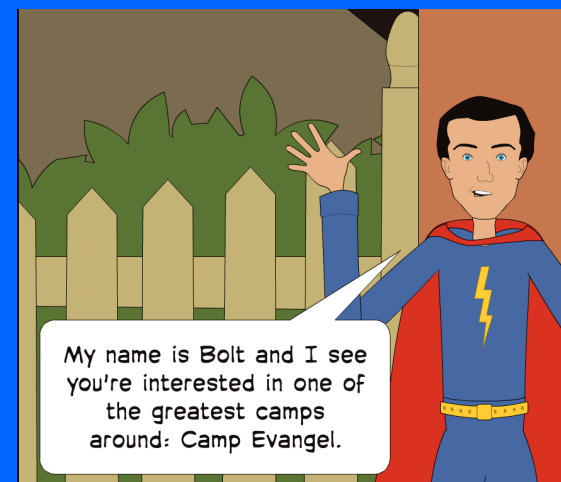
105 Camp Evangel Road
Pounding Mill, VA 24637

Website:

<http://www.campevangel.org>

Contact numbers :

606-923-8599 (Arnold Adams)
304-210-4198 (Tabitha Tegeler)
276-964-2230 (Camp Evangel)
606-928-5127 (SBI)



GOD'S HEROES

HEBREWS 11:6

July 10--14
Junior Week 1

July 17--21
Teen Week 1

July 24--28
Teen Week 2

July 31--August 4
Junior Week 2

Camp Evangel Summer 2017



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Packing List

Shorts (Must come to the knee)
 Shirts (No tank tops allowed)
 Tennis shoes
 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, etc...)
 Twin Sheets or Sleeping Bag,
 Pillow / Flashlight
 Bible, Pen, Notebook

Do NOT Bring

Electronics, Cellphones,
 Tobacco, Fireworks,
 Music, Weapons,
 Immodest Clothing,
 Bad Attitudes

*"But without faith it is impossible
 to please him: for he that cometh
 to God must believe that he is,
 and that he is a rewarder of them
 that diligently seek him."*

Hebrews 11:6

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: