

Name _____

Age _____ Male or Female

Address _____

City _____

State _____ Zip _____

Phone (____) _____

(____) _____

Emergency Contact Name & Phone:

(____) _____

Roommate Request: _____

Week Attending:

Junior Week 1 (July 9-13) _____

Teen Week 1 (July 16-20) _____

Teen Week 2 (July 23-27) _____

Junior Week 2 (July 30-Aug. 3) _____

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.**

Packing List

- ⇒ Shorts (Must come to the knee)
- ⇒ Shirts (No tank tops allowed)
- ⇒ Play clothes
- ⇒ Tennis shoes
- ⇒ Chapel clothes:
 - Girls: Skirts/Blouses or Dresses
(All to the knee)
 - Boys: Nice shirt & slacks
- ⇒ Swimwear:
 - Girls: One piece swimsuit
 - 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,
(leggings or yoga pants)
Bad Attitudes

What shall a man give in

exchange

for his soul?



Camp Evangel Summer Camp 2018



July 9 - 13
Junior Week 1

July 16 - 20
Teen Week 1

July 23 - 27
Teen Week 2

July 30 - Aug. 3
Junior Week 2

Juniors - Ages 8 - 12
Teens - Ages 13 - 18



Camp Evangel

Mailing Address:

5673 Southland Drive
Ashland, KY 41102

Physical Address:

105 Camp Evangel Road
Pounding Mill, VA 24637

Website:

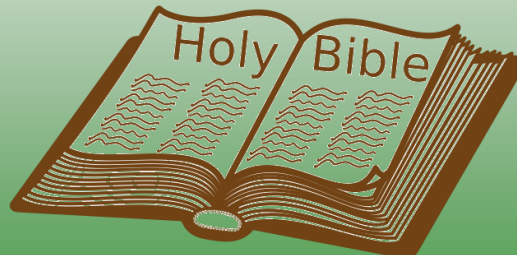
<http://www.campevangel.org>

Contact numbers:

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

“For what is a man profited, if he shall gain the whole world, and lose his own soul? or what shall a man give in EXCHANGE for his soul?”

Matthew 16:26



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: