

ILLINOIS MINISTRIES OF THE CHURCH OF GOD
PRESENTS



2 Corinthians 5:17

July 6 – 9, 2010

For Those Entering 3rd – 5th Grades

COST - \$125 if paid registration is postmarked by June 19th. After that date the cost is \$135. Make checks payable to Illinois Ministries, and place “Grade School Camp” in the memo line of the check.

Mail registrations to:
Illinois Ministries
4225 South Camp Warren Lane
Decatur, IL 62521

**Check-In for Grade School Camp begins at 2:00pm on Tuesday July 6th.
The Camp will end at 10:00am on Friday July 9th.**

What to bring to camp: Bible, sleeping bag or bed linens, pillow, clothing for sunny days, cool nights and rain, swim suit, insect repellent, towels, soap, toothbrush, comb, flashlight, and an optimistic, enthusiastic attitude.

What to leave at home: cell phones, ipods, electronic games, and sour dispositions. Grade School Camp is a cashless camp. Campers need no money throughout the week.

Mail to campers is encouraged! Send cards or letters to the same address listed above, or you may email your camper -- ilcogcampwarren@yahoo.com

Camp Warren’s Emergency Phone Number is (217) 864-4609

For more information about Grade School Camp contact
Pastor Doug Shaw at (309) 662-6202

GRADE SCHOOL CAMP REGISTRATION FORM

Please Print Clearly

Camper's Name _____ () Boy () Girl

School Grade This Fall _____ T-Shirt size (youth) small medium large xl

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

EMERGENCY PHONE NUMBERS

Home (____) _____ Work (____) _____ Cell (____) _____

Home Church _____

PARENT OR GUARDIAN'S PERMISSION

I, _____ the parent/guardian of _____ do hereby give my permission for him/her to attend Grade School Camp. I give permission for the Camp Director/Nurse to administer First Aid and authorize the appropriate hospital or medical care facility to take emergency measures when and if deemed necessary. I do hereby indemnify Camp Warren, the General Assembly of the Church of God in Illinois, and their officers and staff against all actions brought by, on behalf of, or against my child.

Signature _____ Date _____

CAMPER'S PERSONAL HEALTH

Date Of Last Tetanus Shot _____ Date Of Last Physical _____

Please List Any Health Problems Or Medications This Camper Has That We Should Know About:

Health Insurance Provider _____ Policy Number _____

Insurance Company Phone Number _____

CAMPER'S SIGNATURE

I promise to obey all camp regulations _____