

ILLNOIS CHURCH OF GOD TEEN CAMP 2010

At the Illinois Church of God Campground: Camp Warren, east of Mt. Zion, IL.

Directors: Corey Stocksdale, General Director
Scott Smith, Program Director
Kathy Prideaux, Administrative Director

HIGH SCHOOL CAMP: For those entering Grade 9 through Age 19

June 21 – 25, 2010

Cost - \$120 if paid registration is postmarked by May 25th
\$135 if postmarked after May 25th

Campers will be limited to the first 225 paid registrations received.

MIDDLE SCHOOL CAMP: For Youth entering Grade 6 – 8

July 1 - 5, 2010

Cost - \$120 if paid registration is postmarked by June 5th
\$135 if postmarked after June 5th

Campers will be limited to the first 225 paid registrations received.

CAMPERS WILL NEED: spending money for the snack shack and for paintball, *if a camper chooses to participate*. Bring Christian song for karaoke, old clothes & shoes suitable for paintball or mud slide activities.

Mail registration to: Steve Greer
P.O. Box 140
Mt. Zion, IL 62149

Phone: (217) 864-3263 ext 202

**Check in for each Teen Camp begins at 2:00 p.m.
East Teen Camp ends at 10:00 a.m.**

All campers will need bedding, pillow, towels,
personal care items, swim suit,
Bible and change of clothes for the week.

In order to adequately plan, schedule and prepare for each camp, it is critical that registrations are mailed by the registration deadline and include a check made payable to Illinois Ministries or register and pay online.

**Any registration postmarked after the due date
is charged an additional \$15**

A registration is not considered received until it is fully paid.
registration postmarked after the due date will be charged an additional \$15.

CAMP REGISTRATION FORM

(Please Print Clearly or Type)

MIDDLE SCHOOL CAMP (Grades 6 – 8)

HIGH SCHOOL CAMP (Grade 9 – age 19)

Name _____ Boy Girl Shirt size: S M L XL XXL

School Grade This Fall _____ Date of Birth _____

Full Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

EMERGENCY PHONE NUMBERS

Home _____ Work _____ Cell _____

Preference for Roommate (Roommates cannot be guaranteed)

1st Choice _____ 2nd Choice _____

Local Church _____

Pastor's Signature _____

PARENT OR GUARDIAN'S PERMISSION

I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend Teen Camp. I give permission to 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 (to be completed by parent or guardian)

Date of last tetanus shot _____ Date of last physical _____

Please list any health problems or medications this camper has that we should know about. (All medications will be collected by the nurse at registration) _____

Health Insurance Provider _____ Policy Number _____

Contact Numbers _____

Swimming Ability: Advanced Intermediate Beginner None

CAMPER'S SIGNATURE _____

If admitted to this camp, I promise to obey all camp regulations.