

**Berean Bible Fellowship Church Day Camp Registration**

**Date, Time:** August 15 -19, 2011 10:00 am-2:45 pm

**Ages:** The child must be entering first through sixth grades to register for camp.

**Location:** Woodcrest Retreat Center, 225 Woodcrest Dr., Ephrata, PA 17522

*There is no charge for the Day Camp, but an offering envelope will be sent home for anyone wishing to make a donation.*

**Registrations must be postmarked by August 7. All campers must be registered prior to the first day of camp.**

Mail Registration forms to: Mrs. Louise Leakey, Camp Director  
P.O. Box 268  
Blue Ball, PA 17506

**Insurance:** All campers will be insured.

**Lunch:** Campers are to bring a labeled bag lunch. Please write the child's name on the bag. Drinks will be provided.

**Activities:** Water slide, crafts, games, archery, a nature shack and trail as well as thrilling Bible stories and great singing.

**Primary water slide - (grades 1 thru 3)** (a one-piece swim suit will be needed): Tuesday and Thursday

**Junior water slide - (grades 1 thru 3)** (a one-piece swim suit will be needed): Wednesday and Friday

For further information call the camp director at 354-0031, 610-855-8173 or the church at 445-4401.

**If your child is registered and cannot attend. PLEASE contact the above number as soon as possible.**

(cut here and mail the section below) -----

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Church affiliation \_\_\_\_\_

Grade in fall \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or medical conditions \_\_\_\_\_

Parent signature \_\_\_\_\_

please note: parent or legal guardian signature is necessary for insurance purposes

\* **Special requests for class assignment with friends can be noted on this form. They must be in the same grade. No changes will be made after 8/15/2011.**

\* **My child would like to be in the same class as \_\_\_\_\_**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Church affiliation \_\_\_\_\_

Grade in fall \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or medical conditions \_\_\_\_\_  
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