

# **ILLINOIS CHURCH OF GOD TEEN CAMP 2009**

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

Directors: Tim "Bamba" Lusitana, Brent Miller and Kathy Prideaux

**Older Camp:** For Those Entering Grade 9 through Age 19  
**July 9 - 13, 2009**

**Cost - \$120 if paid registration is postmarked by June 14;  
\$135 if postmarked after June 14.**

**Campers will be limited to the first 225 paid registrations received by Kathy Prideaux**

**Younger Camp:** For Youth Entering Grades 6 - 8  
**July 14- 18, 2009**

**Cost - \$120 if paid registration is postmarked by June 19;  
\$135 if postmarked after June 14.**

**Campers will be limited to the first 225 paid registrations received by Kathy Prideaux**

**Campers will need:** spending money for the snack stand and for paintball, if camper chooses to participate. Bring Christian song for karaoke, skateboards & roller blades (bring helmets & pads) and old clothes & shoes suitable for mud activities and paintball.

**Mail registrations to: Pastor Kathy Prideaux  
106 E. Louis, Sullivan, IL 61951  
Phone: (217) 728-2796**

**Check in for each Teen Camp begins at 2:00 PM  
Each Teen Camp ends at 10:00 AM**

All campers will need bedding, pillow, towels,  
personal care items, swim suit,  
Bible and changes 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 Teen Camp.**

A registration is not considered received until it is fully paid.

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

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**Registrations postmarked after the due date will be charged an additional \$15.**

## CAMP REGISTRATION FORM

Please Print Clearly or Type

**Younger Camp** ( Grades 6 - 8 )       **Older 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. \_\_