

# JUNIOR HIGH CAMP

## Grades going into 6th-8th

### July 23rd-27th

<b>OFFICE USE ONLY:</b>	<input type="checkbox"/>	
Date & Time:	<input type="checkbox"/>	
Payment:	<input type="checkbox"/>	

\$130	\$50 Non-refundable deposit due with application \$80 due before or at camp
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**Spots awarded on a first-come-first-served basis**  
**Registration deadline: June 11th**  
**Late registrants are not guaranteed a camp t-shirt**

**Camper Contact Info: (Please Print)**

Grade entering Fall 2017:

First Name:	M.I.	Last Name
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Mailing Address	City	Zip
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>

Phone #1	Phone #2	Date of Birth	Gender
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	M F

Parent or Guardian's Name	Parent or Guardian's Work #	Church Camper Attends	Emergency Contact Name	Emergency Phone #
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Would you like camp information mailed to your mailing address or emailed to the email listed below?

Email that you would like to have camp information emailed to:

**Camper must be fever free for 24 hours prior to camp registration. Each camper will be examined for head lice upon arrival. If nits or lice are present, campers will be sent home for treatment.**

**Are Immunizations Current? Y N**

**List any Special Medical Problems or Allergies** \_\_\_\_\_

**Special Dietary Needs** \_\_\_\_\_

**Medical Info (REQUIRED)**

Ins. Company:	<input style="width: 95%; height: 20px;" type="text"/>
Policy Holder:	<input style="width: 95%; height: 20px;" type="text"/>
Group Number:	<input style="width: 95%; height: 20px;" type="text"/>
Ins. Phone #:	<input style="width: 95%; height: 20px;" type="text"/>

List First and Last Names of Other Family Members Attending This Camp

**Camper's T-shirt size: (please circle)**

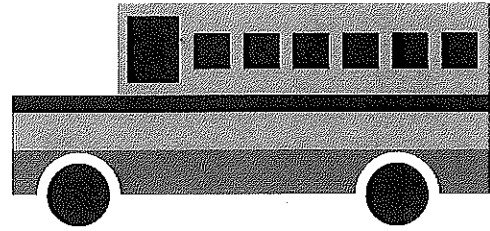
Youth Med Youth Large Adult Small Adult Medium Adult Large Adult XLarge Adult 2X Adult 3X

**Please notify Orchardville Church at 835-2677 within 48 hours if your camper will not be able to attend Camp. This will give us time to notify those on our waiting list.**

Application Must Be Complete to Register

**Camp Orchardville • Orchardville Church • 236 Co Rd 1715 N • Xenia, IL 62899 • 618-835-2677**

# We are traveling to an area pool!



OC Kids' Camp is possibly traveling to an area pool, during camp week (we don't have the details yet!)

The Teen camps will be traveling to the Centralia Rec Center in Centralia one evening during their camp.

I give my permission for Orchardville Church and Camp Orchardville to transport my child to and from any camp activities off site.

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Signature of Parent/Guardian