

Thank you for registering for the following event/date: \_\_\_\_\_

Church \_\_\_\_\_ Leader \_\_\_\_\_

TOTAL spaces reserved \_\_\_\_\_ [ \_\_\_\_ youth / \_\_\_\_ adults]

Total cost \_\_\_\_\_ \$ rec'd \_\_\_\_\_ Balance due \_\_\_\_\_  
(amount and date) (mail to camp prior to your event OR bring it with you)

In 2010, cost per camper is \$125.00; for every 7 campers one adult is free; additional adults are \$75.00 each.  
Questions?...contact Alissa regarding program details OR Nancy regarding payments. We look forward to serving you! ☺

Now that you are registered, read through and distribute accordingly the following papers:

- **Leader Worksheet -**

- This is yours to keep.
- It was designed to help you keep track of your group's forms and payments.

- **Sample Schedule** (times/activities subject to change)-

- This is for you as the leader (and parents) to have a better idea about the flow of the week/weekend.
- We ask that you not share the specifics of this schedule with the campers--it is not a definite schedule and we do not want to disappoint them if activities are changed.
- Notice the "**BYG Time**"... **BYG Time is to be planned and led by you or the designated adult leaders from your church.** Counselors do not participate in BYG time--allowing for your church's campers and leaders to bond as a group.

- **Group Roster -**

- This needs to be sent to camp as soon as possible. We need to know the genders and grades of the campers coming (as well as the genders of the chaperones) to make sure that we have adequate space and staff for everyone attending. **PLEASE also mail with it your group's completed health forms and profiles/registrations.**

- **Health Form -**

- Copy and distribute to each participant (adults should fill out at least the emergency contact information).
- These forms need to be given to camp to keep—**please send these to camp before you arrive.**

- **Camper Profile-Registration Form -**

- Copy and distribute to all campers.
- These should be **mailed back to camp before you arrive--mail it with your group roster.**

- **Letter to Camper/Parent AND Info/What to Bring List -**

- Copy and distribute to each participant.
- This is a welcome letter and informational sheet for all of your group's participants.

Questions or concerns?...contact Alissa (919) 552-9421 [program@agapekurebeach.org](mailto:program@agapekurebeach.org)



SAMPLE SCHEDULE

BYG (Building Youth Groups) Weekend RETREAT			
	FRIDAY	SATURDAY	SUNDAY
MORNING	BYG Weekend Retreat at Camp Agapé (basic sample schedule--a times and activities subject to change)	8:15 Breakfast	8:15 Breakfast
		9:15 Rally Time	9:15 Pack/clean/loaded up
		9:45 "Get to know you" games	9:45 Group Games
		10:30 Discovery Time	10:15 BYG Time <i>*see note</i> Load up?
		11:15 Nature	11:15 Worship/closure
		12:00 Chill	11:45 camper eval
		12:15 Lunch	12:00 Lunch
AFTERNOON	SAMPLE SCHEDULE	1:15 Hike or Craft	1:00 Departure
		2:00 Group Building separate by church group	
		2:45 Worship	
		3:30 BYG Time <i>*see note</i>	
		5:00 wash up	
		5:15 Dinner	
EVENING		6:30 Evening Game	
	7:30 Campers arrive--unpack & settle	7:45/8:00 Campfire	
	8:00 Welcome		
	8:15 Campfire ready for bed	8:30/8:45 ready for bed	
	9:30 Candle Power	9:15 Candle Power	
	10:00 Lights Out	10:00 Lights Out	

**\*NOTE:**  
**BYG Time is planned and led by the youth leaders/chaperones from your church.** This is purposeful time for your church group to be together without the presence of Agapé staff--to make memories together outside of our programmed activities. Plan to bring and use your own materials. For BYG Time ideas or theme details for your weekend or if you



# Agapé ✝ Kure Beach Ministries Health History Form

<p><b>To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.</b></p> <ol style="list-style-type: none"> <li>1. Complete front and back of this form and make a copy.</li> <li>2. Send the <u>original</u> signed form to camp at least 10 days prior to camper's arrival.</li> <li>3. Campers cannot be accepted for camp sessions without a signed health history.</li> </ol>	<p><b>Mail this form to:</b></p> <p>Agapé ✝ Kure Beach Ministries 1369 Tyler Dewar Lane Fuquay-Varina, NC 27526</p>		
<p>Camper Name: _____</p> <p style="text-align: center;">Last <span style="margin-left: 150px;">First</span> <span style="float: right;">Init.</span></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female    Birth Date _____    Grade Entering: _____    Dates will attend camp: from _____ to _____</p> <p style="text-align: center; font-size: small;">Month/Day/Year <span style="margin-left: 100px;">Month/Day/Year</span> <span style="margin-left: 100px;">Month/Day/Year</span></p> <p>Camper Email: _____    Camp Program _____</p> <p>Camper Home Address: _____</p> <p style="text-align: center; font-size: small;">Street Address <span style="margin-left: 150px;">City</span> <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip Code</span></p>			
<p><b><u>Parent/guardian with legal custody to be contacted in case of illness or injury:</u></b></p> <p>Name: _____    Relationship to Camper: _____</p> <p>Preferred Phones: (____) _____ (____) _____    Email: _____</p> <p>Home Address: _____</p> <p style="font-size: small;">(If different from above)    Street Address <span style="margin-left: 150px;">City</span> <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip Code</span></p> <p><b><u>Second parent/guardian or other emergency contact:</u></b></p> <p>Name: _____    Relationship to Camper: _____</p> <p>Preferred Phones: (____) _____ (____) _____    Email: _____</p> <p><b><u>Additional contact in event parent(s) (guardian(s) can not be reached:</u></b></p> <p>Name: _____    Relationship to Camper: _____    Preferred Phones: (____) _____ (____) _____</p>			
<p><b><u>Allergies:</u></b>   <input type="checkbox"/> No known allergies.   <input type="checkbox"/> This camper is allergic to:   <input type="checkbox"/> Food   <input type="checkbox"/> Medicine   <input type="checkbox"/> The environment (insect stings, hay fever, etc.)   <input type="checkbox"/> Other</p> <p style="text-align: center; font-size: small;"><i>(Please describe below what the camper is allergic to and the reaction seen.)</i></p>			
<p><b><u>Diet, Nutrition:</u></b>   <input type="checkbox"/> This camper eats a regular diet.   <input type="checkbox"/> This camper eats a regular vegetarian diet.</p> <p style="padding-left: 40px;"><input type="checkbox"/> This camper has special food needs. <i>(Please describe below.)</i></p>			
<p><b><u>Activity Restrictions:</u></b> Chronic illness, operations, or serious injury. <i>(Please describe below.)</i></p>			
<p><b><u>General Health History:</u></b> Check "Yes" or "No" for each statement. Explain "Yes" answers below.</p> <p>Has/does the camper:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1. Had frequent ear infections? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>2. Have a heart defect or heart disease? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Had seizures or convulsions? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>4. Have a bleeding/clotting disorder? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>5. Had a recent injury? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>6. Have asthma/wheezing/shortness of breath? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>7. Have diabetes? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>8. Had Psychiatric Treatment? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>9. Have headaches? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>10. Wear glasses, contacts, or protective eyewear? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>11. Have diabetes? (year) _____ ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> </td> <td style="width: 50%; vertical-align: top;"> <p>12. Had mononucleosis ("mono") during the past 12 months? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>13. If female, have problems with periods/menstruation ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>14. If female, has been told about menstruation? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>14. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>15. Had hypertension? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>16. Have a history of bedwetting? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>17. Had Chicken Pox? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>18. Had Measles? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>19. Had Mumps? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>20. Had German Measles? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> </td> </tr> </table> <p><b><i>Please explain "Yes" answers in the space below, noting the number of the questions.</i></b></p>		<p>1. Had frequent ear infections? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>2. Have a heart defect or heart disease? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Had seizures or convulsions? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>4. Have a bleeding/clotting disorder? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>5. Had a recent injury? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>6. Have asthma/wheezing/shortness of breath? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>7. Have diabetes? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>8. Had Psychiatric Treatment? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>9. Have headaches? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>10. Wear glasses, contacts, or protective eyewear? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>11. Have diabetes? (year) _____ ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>12. Had mononucleosis ("mono") during the past 12 months? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>13. If female, have problems with periods/menstruation ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>14. If female, has been told about menstruation? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>14. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>15. Had hypertension? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>16. Have a history of bedwetting? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>17. Had Chicken Pox? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>18. Had Measles? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>19. Had Mumps? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>20. Had German Measles? ..... <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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<p>Agapé ✝ Kure Beach Ministries • 1369 Tyler Dewar Lane • Fuquay Varina, NC 27526 • 919.552.9421 • www.agapekurebeach.org</p>			

Camper Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ (For Camp Use) Cabin or Group \_\_\_\_\_ (For Camp Use) Week/Camp \_\_\_\_\_

# Camper Health History Form

(page 2)

Camper Name: \_\_\_\_\_  
Last First Init.

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....  Yes  No
  2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  Yes  No
  3. During the past 12 months, seen a professional to address mental/emotional health concerns? .....  Yes  No
  4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others).....  Yes  No
- Please explain "Yes" answers in the space below**, noting the number of the questions. The camp may contact you for additional information.

**Immunization Record:**

Date of Last Tetanus \_\_\_\_\_ DPT \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

- Medication:**  This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

**Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)	Phenylephrine decongestant (Sudafed PE)	Calamine lotion
Ibuprofen (Advil, Motrin)	Pseudoephedrine decongestant (Sudafed)	Antibiotic cream
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	Aloe
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	Bandaid Anti-Itch Gel (.45% camphor)
Calcium Carbonate (Tums, Antacid tablets)	Generic cough drops	Isotonic Solution (eyedrops)
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Sore throat spray	Isopropyl Alcohol (ear drops for swimmer's ear)

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Medical Insurance Information:** This camper is covered by family medical/hospital insurance  Yes  No

**Please include a copy of your insurance card; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy or ID # \_\_\_\_\_ Group Plan # \_\_\_\_\_  
 Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_ Where insured is employed \_\_\_\_\_  
 Address for claims \_\_\_\_\_

Check here  if you do **NOT** give permission for A☩KB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**What Have We Forgotten to Ask?**

Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

# BYG Profile/Registration Form

Return this to your group's leader...they should be mailed all together to camp prior to your arrival.

Camper Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

e-mail address \_\_\_\_\_

No, You may not e-mail me a post-retreat evaluation

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Home Congregation \_\_\_\_\_



## Camper Profile Information

The following information is helpful to our camp staff in getting to know campers better and more quickly:

Nickname (or what the camper prefers to be called): \_\_\_\_\_

Pet(s) Name(s): \_\_\_\_\_

Brothers or Sisters: \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_

Is your child: [ ] Out-going [ ] Quiet and Shy in groups?

Concerns we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

The #1 thing they hope they do while they are at camp: \_\_\_\_\_

## Permission

(This section must be signed in order for your child to attend camp)

\_\_\_\_\_ HAS MY PERMISSION TO ATTEND BYG AT CAMP AGAPÉ.

Parent/Guardian's Signature

please print Parent/Guardian name here

Check this box if you DO NOT give permission for Agapé ☩ Kure Beach Ministries to use pictures of your child for promotional purposes (camp brochure, web site, staff recruiting display, etc.)

\_\_\_\_\_ Date

Your retreat dates: \_\_\_\_\_

Dear Retreat Participant,

The **BYG Weekend Retreat** is almost here, and we are thrilled you're coming! We're going to have tons of fun in the woods at camp as we play and learn together and spend some time with new friends.

Your church's group leader has given you some information about the weekend. Please carefully fill out and return to your leader:

- ❖ **Camper Profile-Registration Form**
- ❖ **Health Form**

You (and your parent/guardian) must complete the **Registration/Profile Form AND the Health Form** and return them to your group's leader. The leader will then send them on to us here at camp. Remember, **you must provide camp with a signed copy of the enclosed health form in order to participate in the retreat.** As you're reading through the **Retreat Info/What to Bring List**, please also pay special attention to the things to NOT bring to camp.

Be sure to check with your group's leader about any money that may be due.

The BYG Retreat itself begins with arrivals starting at 7:30 on Friday evening and ends on Sunday after lunch. Check with your leader about your group's departure or pick-up times. Plan to **arrive at the LODGE with your group between 7:30 and 8:00 p.m. on the Friday** of your retreat weekend. Your counselor will meet you at that time and show you to your room. Our time together concludes at **1:00 p.m. on the Sunday** of your retreat weekend.

We are looking forward to seeing you soon at camp!  
If you have any further questions, don't hesitate to call Alissa at (919) 552-9421 or email [program@agapekurebeach.org](mailto:program@agapekurebeach.org)

See you soon,

Alissa Oleson  
Program Director



## A🕊KB Ministries Retreat Information

### CAMP HEALTH FORM

All campers must have completed the Health History form in order to attend camp. The form **must be signed** by a parent or guardian and given back to your group leader who will return it to camp. Thank you for your cooperation!

### INSURANCE

Agapé 🕊 Kure Beach Ministries provides umbrella liability coverage. In case of an accident requiring medical care, A🕊KB Ministries can provide for out-of-pocket expenses or assist with expenses above limits of your primary insurance. A🕊KB Ministries does not provide preventive or health care insurance on sickness.

### MEDICATION

Please furnish complete, specific written instructions for your camper's medications. **Prescription medications must be in their original prescription bottles.** All medications must be turned in at the registration desk, and A🕊KB staff members will handle all storage and distribution. "Just in case" medications like Tylenol, Benadryl, etc. can be left at home—we stock these common over-the-counter medications.

### ARRIVAL/DEPARTURE & DIRECTIONS

Arrival/check-in is **Friday 7:30-8:00 p.m.** Plan to eat dinner *before* you arrive. Our time together concludes **Sunday after lunch at 1:00 p.m.** Detailed directions can be downloaded from our web site: [www.agapekurebeach.org/agapedirections.htm](http://www.agapekurebeach.org/agapedirections.htm)

### TELEPHONE

The telephone number for the Agapé office is (919) 552-9421. The number is for urgent matters only. It is our policy that campers not use the telephone. Please have all transportation planned before drop-off. In case of an **immediate family emergency only**, the Lodge number is (919) 552-0820 or Alissa's is (919) 417-7602.

### What to bring:

- sleeping bag or twin bed sheets—pillows and blankets are provided, **but bring your own pillowcase**
- towel—one for shower
- toothbrush, toothpaste, cup, comb, soap, shampoo, etc.
- clothes for entire weekend--appropriate for outdoor activities
- footwear--**must be closed toe and covering heel**
- light coat or sweatshirt
- poncho or raincoat
- cap or hat
- books or quiet game
- flashlight
- insect repellent, sunscreen
- water bottle
- Money for Camp Store (optional)**
- Bible

*We are not responsible for any personal items brought to camp.*

### What to NOT bring:

- ✘ chewing gum
- ✘ snacks or food of any kind
- ✘ cell phones
- ✘ any other electronic devices: radios, CD players, MP3 players, electronic games, etc.
- ✘ candles, lanterns, fireworks of any kind
- ✘ alcoholic beverages
- ✘ tobacco products of any kind
- ✘ drugs not prescribed by a doctor
- ✘ knives/firearms/weapons
- ✘ Anything we haven't listed that we feel necessary--If you think we might want to confiscate it, don't bring it.



**Camp reserves the right to hold any of the above items while the camper is at camp. Legal action may be taken in cases involving alcohol, tobacco and other drugs, fireworks and weapons.** Although camp respects the privacy of all attendees, for safety sake we reserve the right to search any personal items we feel necessary, with or without notification.