

CAMP SHENANDOAH SPRINGS 2018
(Registration/Health Form)

CAMPER INFORMATION

NAME _____

Age ___ Birthday _____ Grade ___ M ___ F ___

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

E. Mail _____

EMERGENCY CONTACT:

PARENT: _____ DOCTOR: _____

INSURANCE MEDICAL INFO

Company _____ Policy # _____

Check any conditions we need to be aware of:

Allergies ___ Asthma ___ Seizures ___ Bee Stings ___

Sleep walking ___ Bed Wetting ___ Diet Needs ___

Other: _____

Last Tetanus shot _____

Any Restrictions _____

Leaving medications with nurse? Yes ___ No ___

RELEASE INFO:

PERSON OR PARENT WITH PERMISSION TO PICK UP
 CAMPER AT CHECK-OUT:

Name: _____

PARENT SIGNATURE _____ Date _____

CAMP DATES/FEEES

June 18-24 Staff Training	_____
June 24-29 Adventure 12&up	\$ 325
7-11 yrs. Jr Camp	\$ 300
July 2-5 Family Vacation Week	_____
(Call for reservations)	_____
July 25-29 OB Pres	_____
July 29-Aug 3 Lake of Woods	_____
Aug 4-7 Cent Football Camp	_____
Aug 18 Back to School Rally	_____

OPTIONS:

Day Camps	\$ 150
Registration Fee	\$ 75
(enclose with this form)	
Horseback/Instruction per ride	\$ 25
Jr. Counselor (Interview Req'd)	\$ 150

T-Shirt Sizes:

Child: S M L

Adult: S M L XL 2XL

1ST Yr. Camper? Y N

FEEES: \$ _____

ENCLOSED: \$ _____

BALANCE DUE: \$ _____

\$20 discount if registration in by 20 Apr

REGISTRATIONS DUE !!!

MAIL & PAYABLE TO:

Camp Shenandoah Springs
 P.O. Box 770
 Madison, Va. 22727

Contact: Doug Farmer,
 540-923-4300 or e-mail:
farmerdoug@hotmail.com

2018 CAMP THEME: "FINISHING STRONG" Philippians 4:13
"I can do all things through Christ who strengthens me."