

CAMP SHENANDOAH SPRINGS 2022

(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 _____ Dept Date _____

(if you or your child have had a fever or any other symptoms of a virus or "bug" we ask that you let us know in advance. We will refund your deposit.)

CAMP DATES/FEEES

June 23-25 Staff Training/Prep _____

June 26– July 1

God's Game Plan

7-17 Camp \$400

OPTIONS:

Day Camps-Registration Fee \$250
(enclose with this form)

Horseback/Instruction per ride \$30

Jr. Counselor (Interview Req'd) \$200

Ski Trip \$100

Donation: Campership; to honor
loved one or friend (any amount) _____

T-Shirt Sizes:

Child: S M L \$15

Adult: S M L XL 2XL 3XL \$15

FEES: \$ _____

ENCLOSED: \$ _____

BALANCE DUE: \$ _____

1ST Yr. Camper? Y N

\$20 discount if registration in by 10 Apr

REGISTRATIONS DUE !!!

MAIL & PAYABLE TO:

Camp Shenandoah Springs

P.O. Box 770

Madison, Va. 22727

Contact:

Doug Farmer, Director

540-923-4300 or e-mail:

farmerdoug@hotmail.com

Beth Farmer, Asst. Director

(704) 322-5811 or e-mail:

anne.beth.poplin@gmail.com

2022 CAMP THEME: "GOD'S GAME PLAN"

Jeremiah 29:11-14

"Call unto me and I will answer you, and show you great and mighty things, which you know not of, says the LORD!"