



809 S. Davis Drive (church address) 1231 S. Davis Drive (camp address) Warner Robins, GA 31088 Church: 478-922-5514 Camp: 478-929-4022

Email: ugmbcsummercamp@hotmail.com

Dear Parent/Guardian,

We'd love for your child to join us at **SUMMER CAMP 2015!** Our camp will serve youth in 1st-8th grade.

Our **SUMMER CAMP** lets kids do what they love—run, jump, dance, sing, and have fun. It shows them that church is a place to learn and to have fun. **SUMMER CAMP** will teach Bible truths and then teach them how to apply them to their daily life. This summer will also include sessions on academic improvement, sports, sign language, arts & crafts, field trips and team building exercises.

We'll start every day at 7:30 a.m. with breakfast. Lunch and an afternoon snack is also provided. After a fun-filled day, you'll be able to pick up your child at 5:30 p.m. Are you ready to sign up? Just complete the camp application or call the church office at 478-922-5514 for more information.

Sincerely,

Michelle W. Clarke

Summer Camp Director

SUMMER CAMP 2015

Camp Dates: June 1-July 24, 2015

Pre-Registration Starts: April 1, 2015

How do I register my child for camp?

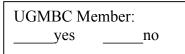
Registration for children in 1st-8th grade begins Wednesday, April 1, 2015. The camp office, located at Union Grove Missionary Baptist Church, 809 S. Davis Drive, is open from 8:00 am - 5:00 pm, Tuesday-Thursday and 8:00 am-12:00 pm on Friday.

- A completed <u>registration form</u>, <u>and a \$25 non-refundable deposit</u> <u>(per child)</u> must be received upon registration to hold a spot in the camp for each child.
- There are **60 slots** for our campers this year. Anyone who registers after the 60 slots have been filled will be placed on a waiting list and will be called if a slot becomes available.

Payment Policy

- 1. A \$25 non-refundable deposit secures your child a spot in camp. A separate deposit is required for each child who registers to attend. This deposit is non-refundable regardless of whether there is someone to take your child's place in camp.
- 2. Each camper will receive a t-shirt as part of their registration fee.
- 3. Camp fees are \$70 per week per child and are due *Monday morning* of each week. There is a \$5 discount for each additional child in the same family. For example, \$70 for the 1st child, \$65 for the 2nd child, \$60 for the 3rd child and so on per week. Checks should be made payable to U.G.M.B.C.
- 4. In the event a child is unable to attend camp for a week or more, a payment(s) of \$25 per week must be paid in order to reserve his/her slot. This fee is due the week before leaving.

REFERRED BY:	





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SUMMER CAMP REGISTRATION APPLICATION

Instructions for Parents/Guardians:

- 1. **PRINT** clearly in ink.
- 2. \$25 registration fee (per child) must accompany the application (non-refundable)

Camper 1 Name:			Age:
Birth date:	Shirt Size: S M L XL Current Grade:		
Camper 2 Name:	1001H OK ADULT (circle tile)		Age:
Birth date:	Shirt Size: S M L XL Current Grade:		
Camper 3 Name:	TOUTH OR ADULT	· · · · · · · · · · · · · · · · · · ·	Age:
Birth date:	Shirt Size: S M L XL YOUTH OR ADULT	Current Grade:	
Address:	TOUTH OR ADULT		
City:	State:	Zip: _	
Parent/Guardian Name:			
Home Phone:	Work Phone:	Cell: _	
Parent/Guardian E-mail:			
Emergency Contact Name:		Phone:	
to any activity whatsoever, and promotional publications, purs	a parent/guardian of the camper I wherever located, and permit the uant to the program and hereby to staff, that may arise due to partic	ne use of my child's release from any suc	likeness in camp ch liability, the
	Parent/Guardian Signat	ure & Date	

MEDICAL INFORMATION IN THIS AREA MUST BE COMPLETED

As a parent/guardian of the above named camper(s), I understand first aid will be available at the camp and the campers will be closely supervised. If a serious injury/illness develops, medical and/or hospital care will be given. I further understand in case of serious injury/illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As parent/guardian, I assume all responsibility for medical cost incurred as the result of sickness or injury.

	Parent/Guardian Signature & Date	
Insurance Carrier:		_
Policy Number:		
Insurance Carrier Phone: _		

CASH, CHECKS, OR MONEY ORDERS

Payable to: Union Grove Missionary Baptist Church (UGMBC)

809 S. Davis Drive

Warner Robins, GA 31088

478-922-5514

OFFICE USE ONLY							
Date application received:							
Paid By: Ca	check #	Check	Money Order				
Received By:							