



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](mailto: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 1<sup>st</sup>-8<sup>th</sup> 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 1<sup>st</sup>-8<sup>th</sup> 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 registration form, and a \$25 non-refundable deposit (per child)** 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 1<sup>st</sup> child, \$65 for the 2<sup>nd</sup> child, \$60 for the 3<sup>rd</sup> 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:

UGMBC Member:

\_\_\_\_\_yes \_\_\_\_\_no



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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:** \_\_\_\_\_  
YOUTH OR ADULT (circle one)

**Camper 2 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Birth date: \_\_\_\_\_ **Shirt Size:** S M L XL **Current Grade:** \_\_\_\_\_  
YOUTH OR ADULT (circle one)

**Camper 3 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Birth date: \_\_\_\_\_ **Shirt Size:** S M L XL **Current Grade:** \_\_\_\_\_  
YOUTH OR ADULT (circle one)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PARENTAL CONSENT:** As a parent/guardian of the camper, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release from any such liability, the UGMBC and Summer Camp Staff, that may arise due to participation in the Summer Camp Program.

\_\_\_\_\_  
Parent/Guardian Signature & 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: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order  
Check # \_\_\_\_\_

Received By: \_\_\_\_\_