

# Spirit Camp 2009 – all ages!

This four-day experience is more than a Vacation Bible School! It's an opportunity for children and adults alike to spend four of their summer evenings enjoying Christian fellowship as they participate in Bible study, singing, crafts and fun.

Join us as we discover that **Jesus makes all things new!**



**Where:** Faith Lutheran Church  
2200 S. High Street, Bloomington

**When:** Monday – Thursday, **June 15-18**  
Evenings only this year, due to construction  
5:30-6:15 Supper served (free will offering)  
6:15-6:30 Singing  
6:30-8:00 Classes and activities with joint opening/closing worship

**Who:** Age three - Adults (age-appropriate Bible classes)

**Cost:** \$10/child, up to \$30/family – adults and youth/Servanteens are free

➡ **T-shirt Deadline: Sunday, May 31**

## ***Spirit Camp 2009 Registration*** ***Please complete both sides***

Tear off or cut the top of this card and keep it as a reminder. Complete and send this lower half to Faith Lutheran Church. Friends are welcome – all children and adults are invited to attend. This form may be used to register the whole family.

<b>Last Name</b> _____ I(We) will be joining Spirit Camp for supper on the following evenings ( <i>please designate how many</i> ) _____ M _____ T _____ W _____ TH Email (for Spirit Camp purposes only) _____ Home Address _____ City/State/Zip _____ Phone: Home _____ Cell _____ Home church: _____		
Adult _____ T-shirt size: S M L XL 2XL none <input type="checkbox"/> <i>I might be interested in helping at Spirit Camp this year. Please contact me.</i>	Adult _____ T-shirt size: S M L XL 2XL none <input type="checkbox"/> <i>I might be interested in helping at Spirit Camp this year. Please contact me.</i>	I(We) will use the free childcare for our infant(s) through 2-year-old(s), while I(we) are either in class or volunteering: Name(s) _____ Age(s) _____
Child/Youth _____ Birth date ____/____/____ Entering: pre (3) pre (4/5) Kindergarten Grade 1 2 3 4 5 6 7 8 9 10 11 12 Boy ___ Girl ___ T-shirt size: Youth S (6-8), M (10-12), L (14-16); Adult S, M, L, XL Allergies/medical alerts: NO YES ( <i>explain on reverse side</i> ) <input type="checkbox"/> I would like a Servanteen app. (gr. 7-12)	Child/Youth _____ Birth date ____/____/____ Entering: pre (3) pre (4/5) Kindergarten Grade 1 2 3 4 5 6 7 8 9 10 11 12 Boy ___ Girl ___ T-shirt size: Youth S (6-8), M (10-12), L (14-16); Adult S, M, L, XL Allergies/medical alerts: NO YES ( <i>explain on reverse side</i> ) <input type="checkbox"/> I would like a Servanteen app. (gr. 7-12)	Child/Youth _____ Birth date ____/____/____ Entering: pre (3) pre (4/5) Kindergarten Grade 1 2 3 4 5 6 7 8 9 10 11 12 Boy ___ Girl ___ T-shirt size: Youth S (6-8), M (10-12), L (14-16); Adult S, M, L, XL Allergies/medical alerts: NO YES ( <i>explain on reverse side</i> ) <input type="checkbox"/> I would like a Servanteen app. (gr. 7-12)

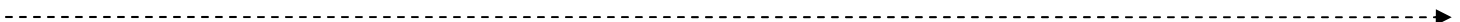
*Please attach a second registration form for additional family members.*

Photos will be taken at Spirit Camp. Some may be displayed inside the building (slide show or bulletin board) or on the church website, always without names.

- |  |   |
|--|---|
| <input type="checkbox"/> You may use my child's photo inside the building. | <input type="checkbox"/> Do not use my child's photo inside the building. |
| <input type="checkbox"/> You may post my child's photo on the website.     | <input type="checkbox"/> Do not post my child's photo on the website.     |

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**OVER**



**This information must be completed for children and youth attending Spirit Camp**

**Individualized special notes:**

**Food Allergies:** *Optional supper will be offered every evening before class, as well as snacks at the end of the program. If your child has a food allergy, please talk with the Spirit Camp director before camp and provide supper and snacks from home, for your child's safety. We will make every effort to prevent exposure to food allergens, but will not be able to guarantee it.*

**Other Allergies** (bee stings, medications, etc):

**Other medical information we should know about:**

**Something special you want us to know about your child(ren):**

**Emergency Information**

In the event of an emergency, the Spirit Camp staff will first try to contact the parents at the phone numbers listed on the other side of this form. Please list an alternate contact person, in case the parents cannot be reached:

Name \_\_\_\_\_ 5:30-8:00 p.m. Phone \_\_\_\_\_

If I cannot be reached in an emergency, I hereby give permission to the staff of Spirit Camp to provide necessary treatment for the child(ren) named above. Our physician is \_\_\_\_\_ Phone \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Pick-up**

For your child's safety, please list the name(s) of the adult(s) – including parents - who will be picking your child up each evening in the designated area. If someone else picks up your child and is not listed, please contact a Spirit Camp coordinator before the time of pick-up.

	<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**For Office Use:**

Date Paid: _____	Amount: \$ _____	Cash ___	Check# _____	Rec'd by _____
------------------	------------------	----------	--------------	----------------