

## Winter Camp Dates:

Elementary Camp : Jan. 25-26

Teen Retreat 1: Jan. 18-20

Teen Retreat 2: Feb. 1-3

Teen Retreat 3: Feb. 15-17

## Cost:

Teen Camp: \$79

Elementary Camp: \$59

Adult Leaders: NO Charge. Please send a 1:9 ratio, thanks.

## Times: (All times EDT)

Start: 6:15-7:00 pm Registration  
7:00 supper

End: Teens: Sunday @ 1:30 pm  
Elementary: Saturday @ 6

## Teen Camp:

Three days

Six fabulous meals

Four challenging messages by great speakers and worship by Cedarville's **HEARTSONG**

## Elementary Camp:

Two Days

Four great meals

Games outside if weather permits

Three challenging lessons



There is just the right mix of activities for the whole group, your youth group, and your friends. You will walk away with camp encouraged spiritually and socially.



## 2019 Twin Lakes Winter Retreat Registration

- \_\_\_ Teen Winter Retreat 1 (Jan 18-20) w/Jake Perry  
\_\_\_ Elementary Retreat Camp (Jan 25-26) w/Seth Baker  
\_\_\_ Teen Winter Retreat 2 ( Feb 1-3) w/Jeremy Kimble  
\_\_\_ Teen Winter Retreat 3 (Feb 15-17) w/TBA

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Parents' Name \_\_\_\_\_

Church you are coming with \_\_\_\_\_

Church City/Sate \_\_\_\_\_

### Release

I certify that the above child has my permission to attend camp, and I am aware that physical risks are associated with participating in camp activities, regardless of precautions taken. In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. The camp carries secondary accident insurance with means all balance will be paid after my health insurance company. I also realize my child's picture may be used for promotional purposes.

\_\_\_\_\_  
Parent or Guardians Signature

\_\_\_\_\_  
Date

## Medical Information: *You can also do this online (preferred)*

Family Doctor \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance City/State/Zip \_\_\_\_\_

Medications taken regularly \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Date of Tetanus Shot/Booster \_\_\_\_\_

Other medical concerns or history:

### Method of Payment:

\_\_\_ Check; \_\_\_ Credit Card (Visa, MC, Amex)

Amount to place on card \$ \_\_\_\_\_

Card # \_\_\_\_\_ Security # \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

**Note:** You may also register online at [www.twinlakescamp.com](http://www.twinlakescamp.com)