



**MAIL COMPLETED FORMS TO: PO BOX 155 KREMMLING, CO 80459**

*Jr. Camp* begins at 3PM on Monday June 19. Please do not drop campers off before 3 PM. Campers are dismissed following the pot luck supper and program that begins at 6 PM Friday June 23. Parents are welcome to join!

**Contact: Wendy Villa 970-846-2221**

*Jr. High Camp* begins at 3PM on Monday July 17. Please do not drop campers off before 3 PM. Camp ends at noon on Friday July 21.

**Contact: The Journey at First Baptist 970-824-5926**

*High School* 5 pm Thursday, July 27 **Staff must be there by 2 pm** Camp ends after lunch Sunday

**Contact: Kremmling Community Church 970-620-0427**

## Who Can Go?

Anyone! Mt Elim accepts and encourages participation from all persons regardless of race, color, national origin or religion!

## What is the Cost?

\$170 per camper with pre-registration (see below)

\$190 if paid the first day of camp

Financial Assistance Available

## Packing List

- Personal Items
  - Flashlight
  - Bug Spray
  - Toiletries
  - Water Bottle
- Towel and Washcloth
- Sleeping Bag
  - Clothing
- Nice outfit for the banquet (JR CAMP ONLY)
  - Warm Jacket
  - Hiking Boots
    - Bible
- Notebook and Pencil

### THE FOLLOWING ITEMS ARE STRICTLY PROHIBITED ON CAMP PROPERTY:

KNIVES, GUNS OR WEAPONS OF ANY KIND  
FIREWORKS  
TOBACCO, DRUGS & ALCOHOL  
ELECTRONICS  
BALLOONS

### DRESS CODE

NO EXPOSED UNDERGARMENTS  
NO SHORT SHORTS  
NO TANK TOPS, SPAGHETTI STRAPS  
NO STRAPLESS SHIRTS  
NO MIDRIFTS OR SEE THROUGH CLOTHING  
GUYS MUST WEAR SHIRTS AT ALL TIMES  
NO OFFENSIVE T-SHIRTS: BEER, SEXUAL, POLITICAL, ETC.

**QUESTIONS? CALL CAMP AT 970-736-8177 OR EMAIL MTELMCAMP@GMAIL.COM**

# HIGH SCHOOL CAMP REGISTRATION

## MT ELIM 2017—**JULY 28-31**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX (circle) MALE / FEMALE

AGE/GRADE (FALL OF 2017) \_\_\_\_\_

NAME OF HOME CHURCH \_\_\_\_\_

PARENT \_\_\_\_\_

PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE \_\_\_\_\_

### LIST TWO EMERGENCY CONTACTS

\_\_\_\_\_  
\_\_\_\_\_  
NAME / PHONE / RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
NAME / PHONE / RELATIONSHIP

# MEDICAL FORM

## MT ELIM CAMP 2017

NAME \_\_\_\_\_

DOES THIS CAMPER/STAFFER HAVE ALLERGIES? Y / N

IF YES, PLEASE LIST:

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PLEASE EXPLAIN ANY SPECIAL MEDICATIONS OR SPECIAL DIETARY NEEDS IN DETAIL:

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IS THIS CAMPER/STAFFER PHYSICALLY ABLE TO PARTICIPATE IN ALL CAMP ACTIVITIES? Y / N

PLEASE LIST ANY LIMITATIONS:

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NAME / ADDRESS / PHONE NUMBER OF CAMPER/STAFFER'S DOCTOR:

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INSURANCE COMPANY

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POLICY NUMBER

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**NOTICE: ALL MEDICATIONS, INCLUDING SUPPLEMENTS MUST BE IN THEIR ORIGINAL CONTAINER WITH ORIGINAL LABELS TO COMPLY WITH CHILD AND FAMILY SERVICES REGULATIONS**