

Youth Camp 2018

Dates: June 25th through June 29th
Monday – Friday, 9:15 am – 3:45 pm

Location: Home of The Seace Family
799 Forest Lane Dauphin, PA 17018

For Children Ages: 5 years old and up who want to learn more about what God's Word says

Purpose: To learn more about what Jesus Christ did for us.
To learn about manifesting holy spirit.
To have fun with other believing children.

Registrations: \$20.00 which includes lunch every day.

Make checks payable and mail registrations to: **PA Bible Teaching Fellowship**
701 Alison Ave.
Mechanicsburg, PA 17055

Registration Deadline: June 10th

This year we will be going to the Dauphin Pool again and they don't allow swimmies.
If you have a life jacket for your non-swimmer, please let us know and send it with them every day.

If you have any questions, feel free to call:

Colleen Seace at (717) 921-8547 or Shawn Weir (267) 261-2259

All church staff must pass and file the PA state background checks according to Act 153 in order to volunteer
Please contact Jesse McCree at (203) 722-4446 or mccree.jesse@gmail.com for questions about these background checks

******* LIABILITY RELEASE *******

Must be signed by parent(s) or legal guardian(s)

Although I understand that this Youth Camp will not involve any hazardous or inordinately strenuous activities, should any injury occur to my child/legal ward during any camp activity, I agree to hold the Pennsylvania Bible Teaching Fellowship and its representatives, as well as all camp directors, camp staff, and others acting on behalf of the Pennsylvania Bible Teaching Fellowship free and harmless from any and all claims or demands due to injury or other perceived losses resulting from injury received while participating in this camp.

I further agree to allow the directors of this camp or their representatives to seek and obtain medical assistance for my child/legal ward as they deem necessary, and to act on my behalf in the event that I cannot be reached after reasonable efforts have been made to contact me.

I understand that the payment of any costs or fees incurred from such medical attention will be my responsibility.

Signature of parent/legal guardian

Date

REGISTRANT NAME(s) AND AGE(s) _____

NAMES OF CHILDREN WHO CAN NOT SWIM _____

PLEASE LET US KNOW IF YOU'D LIKE TO ATTEND CAMP WITH YOUR CHILD (Circle): Yes / No

ADDRESS _____

E-MAIL _____

PHONE _____

COST \$ 20.00 X _____ = TOTAL _____

