



Kids Kamp 2004

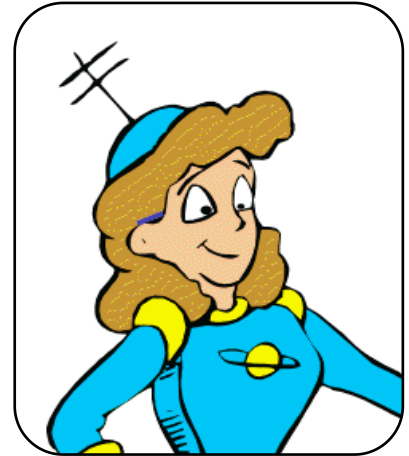
Our Camp Is Out of this World

Launch Date: July 19 - 23

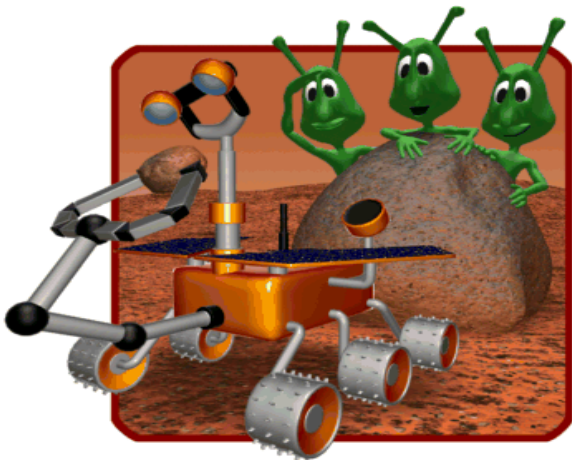
Launch Site: Bethel Park

Launch Age: Kids 7 to 12

You won't want to miss this exciting journey into space as we learn that we weren't made for life here on earth.



With the Ministry of
Pastor Julie Dop
Children's Pastor
First Assembly of God
St Joseph, MI



**Brand New Feature
for Kids Kamp 2004**

ARCHERY



Here's Lloyd the Droid to tell you what your five day Kids Kamp mission offers.

KIDS KAMP IS PROGRAMMED WITH FEATURES INCLUDING SWIMMING, DRAMA, KIDS SERVICES, SPORTS, CRAFTS, AWESOME COUNSELORS, BASKETBALL COURTS, VARIETY SHOW, BRAINSTORMERS QUIZ GAMES, A WORSHIP CHOR, LARGE AND SAFELY CONSTRUCTED BONFIRE, MUSIC, DELICIOUS FOOD PERFECT FOR HUMANIDS, A CARNIVAL DAY, AIR CONDITIONED ROOMS, POPSTAND, ETC. MY HARD DRIVE CONTAINS MUCH MORE INFORMATION BUT SPACE IS NOT ADEQUATE ON THIS PAGE.

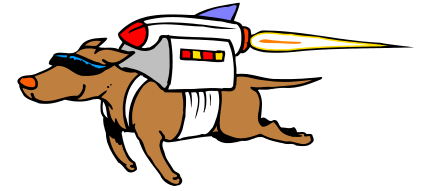


Mission Briefing

Registration: Pre-registration is important! Registration is \$100 until 5 p.m., July 11th and \$110 afterwards. Please fill out the application, medical consent form, and health record and mail it to the address below.

Arrival time: Monday, July 19th between 9 a.m. and 11 a.m. **Please not before.**

Departure time: Friday, July 23rd between 11:30 a.m. and 12 p.m.



Family Plan: All siblings must register at the same time. The first child pays full price, each of the following (not to exceed five) will be granted a \$10.00 discount.

Dress Code: Casual for daytime activities, reasonable shorts are acceptable. Please dress modestly.

What to Bring: Bible, paper, pens, toiletries, soap, towels, linens, blankets, swimsuit, spending money, and excitement about hearing the Word of God and having fun!

What not to Bring: Fireworks, matches, shaving cream, knives, tobacco in any form, alcohol, drugs, radios, CD players, or firearms.

Non-campers: Visitors should not frequent Bethel Park during daytime activities unless there is an emergency.

Linens: Kids Kamp will no longer rent bed linens. This service hasn't been used in years, and it just makes sense to want to sleep on your own.

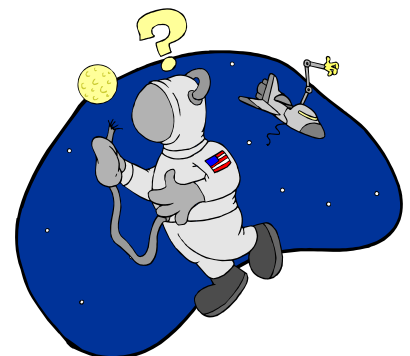
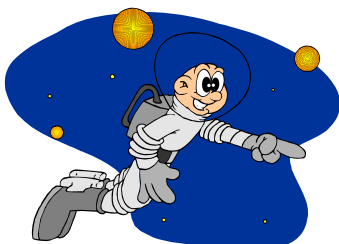
Curfew Violations: Any campers who choose not to obey the curfew rules will be shipped home on the first offense.

Spending Money: The pop stand will be open at various times for your convenience. We highly recommend keeping the bulk of your money in the Kids Kamp Bank so it won't be lost or stolen during the week.

Visitation: While visitation sometimes promotes homesickness, we do understand the desire for parents to visit their children. For security, we ask that you contact the Bethel Park office and RSVP the evening you would like to visit and meal you'd participate in.

Head Check: We check all children for lice prior to entering campgrounds. Any camper that is not completely nit free will be sent home. Unfortunately, we're unable to accept returns during the same week.

Return Form and Fee to: German District Kids Kamp
P.O. Box 577
Bridgman MI 49106



REGISTRATION AND MEDICAL FORM

Name _____ I am a: BOY GIRL (circle one) Birthday _____

Address _____ City _____ Mi _____ Zip _____

Home Phone (____) Parents/Guardian Daytime Phone (____)

Home Church (if any) and City _____ Roommate/ Room Requested _____

IN CASE OF EMERGENCY, we will first call the number listed above. After that, we will call the people listed below.

Name: _____ Relationship: _____ Daytime Phone _____ Evening # _____

Name: _____ Relationship: _____ Daytime Phone _____ Evening # _____

DO NOT RELEASE MY CHILD TO... Please list any person that does NOT have your permission to take your child off camp grounds after check out on Friday.

Health Insurance Co _____ Contract # _____ Plan Code _____ Group # _____

Does Camper have problems with (Check any that apply)

Heart____ Lungs____ Skin____ Ears____ Asthma____ Sinus Infection____ Diabetes____ Epilepsy____
Head Lice____ Allergies (Please specify) _____

Does the camper have any communicable or infectious diseases? _____

Please note any health concerns that might be important _____

Date of Last Tetanus Shot: _____

Has the camper been under medical care within the last 3 months? If so, what for? _____

Please list any medications needed or used, how often it is taken, dosage, and whether or not it's to be taken during camp.

All prescriptions must come in their original bottle with label.

I have examined this camper and found him/her to be in satisfactory physical condition, free from contagious disease and capable of active participation in a regular camp program.

Signature of Licensed Physician _____

In an emergency, in case I cannot be reached, I grant permission to Bethel Park to secure emergency medical or surgical treatment for the person named on this form while at camp. I certify the information on this form is true to the best of my knowledge

Parent/ Guardian Signature _____