

2010 SNOW CAMP INFORMATION

- **Camp dates are: 7th – 12th grade: January 29-31 and 3rd-6th grade February 5-7. Both camps start with supper at 6 pm Friday and end at 2 p.m. Sunday.**
- **The fee per camper is \$35 which includes the \$15 non-refundable pre-registration fee.**
- **There must be at least 10 campers per camp signed up postmarked by January 21.**
- **WHAT TO BRING TO SNOW CAMP**
Lots of winter clothing, snow pants or suit, mittens/gloves, boots, plenty of socks, Bible, pen or pencil, notebook, flashlight, toiletries, sleeping bag, pillow, towel and washcloth.
- **PLEASE leave I-pods, game boys, cell phones, magazines, CD players, guns, knives, tobacco in any form, illegal drugs, alcohol, and immodest clothing at home.**
- **Fill out entire form below and mail to:**

**Tepee Bible Camp
Snow Camp Registration
7802 County Rd. 319
Rifle, CO 81650**

_____ cut here to retain info above _____



2010 SNOW CAMP REGISTRATION FORM



CAMPER NAME: _____ GRADE _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____ PHONE _____
PARENT'S NAMES _____
PARENT PHONE #'S (HOME) _____ (WORK) _____ (CELL) _____
EMERGENCY CONTACT NAME (NOT PARENT) _____
CONTACT'S PHONE NUMBERS: HOME- _____ CELL- _____
CAMP YOU ARE ATTENDING: (check one)
 7th-12 grade January 29-31 3rd-6th grade February 5-7

Check here if you need driving directions to the camp sent to you.

I would like to room with: (Name of one friend only) _____

For the parent:

I give my child _____ permission to attend the Snow camp checked above. I, the undersigned, in consideration for the participation of my child in this event, do hereby waive, release and forever discharge Tepee Bible Camp and anyone else connected with this activity from any & all harm resulting from injuries sustained as a result of my child's participation in this event. I also grant Grand River Hospital District the right to administer all medical services that may be required as a result of injuries during participation including emergency treatment and referral if necessary.

SIGNATURE of PARENT or GUARDIAN

DATE

NOTES TO THE CAMP IF ANY: (include special diets, medications etc.)

