

2012 SNOW CAMP INFORMATION

Theme: Winter Storm Warnings

- **Camp dates are: 7th – 12th grade: January 27-29 and 3rd-6th grade February 3-5. 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. Please pre-register by January 15 and so we have enough time and money to purchase food.**
- **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 portable gaming and music devices, cell phones, magazines, guns, knives, tobacco in any form, illegal drugs, alcohol, and immodest clothing at home.**
- **Additional forms are available on the website.**
- **Fill out entire form below, include the \$15 pre-registration fee, and mail them to:**

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

cut here to retain info above



2011 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-12th grade January 27-29 _____ 3rd-6th grade February 3-5

____ 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. I understand every effort will be taken by the camp and its directors to contact me in the event of a medical emergency.

SIGNATURE of PARENT or GUARDIAN

DATE

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

