

2014 SNOW CAMP INFORMATION

- **Camp dates are: 7th – 12th grade: January 24-26 and age 7--6th grade Jan. 31-Feb. 2. Both camps start with supper at 6 pm Friday and end at 2 p.m. Sunday.**
- **The fee per camper is \$45 which includes the \$15 non-refundable pre-registration fee. Please pre-register by Jan. 17, After Jan. 17 a \$10 late fee will be added to the total cost.**
- **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.**
- **Fill out entire form below, include the \$15 pre-registration fee and mail to:**

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

cut here to retain info above



2014 SNOW CAMP REGISTRATION FORM



CAMPER NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ GRADE _____ DATE OF BIRTH _____

Mailing address if different from above: _____

E-Mail Address: _____

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 24-26 _____ Age 7-6th grade January 31-Feb. 2

_____ Check here if you need driving directions to the camp e-mailed to you..

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

NOTES TO THE CAMP IF ANY: (include special diets, medications etc.) Please write on the back of this form.

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