Camp Walter Scott Work Week
Camp Acts 20:35
June 8-14, 2014

Registration Postmark Deadline is May 30, 2014

Each Participant needs a completed form.

I AM:
- ☐ Adult [If adult, pages 1 and 2 of this document need to be completed.]
- ☐ Youth Group Sponsor [If sponsor, pages 1,2, and 4 of this document need to be completed.]
- ☐ Youth (Under 18 years of age) [If youth, pages 1, 2, and 3 of this document need to be completed.]

Name: _____ Phone: _____

Address: _____ City/State/Zip _____

E-mail address: _____

If Youth, Give the Name of the Adult(s) responsible for you at Camp Acts 20:35:

_____

Nights at camp (circle all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday

Please Check Preferred Accommodations

- ☐ **RV/trailer site** With electric/water hookup
- ☐ **RV/trailer site** Without electric hookup
- ☐ **RV/trailer site** Without electric/water hookup
- ☐ **Tent site**
- ☐ **Shelter** Two bunk rooms with 6 or 8 plywood bunks per room and common area in between. Bring own foam pad or air mattress.
- ☐ **Cabins** Bunks with mattresses. Bring own bedding.
- ☐ **Retreat House** Bunks with mattresses. Bring own bedding.

Accommodations are assigned based on receipt of registration form. Telephone inquires will not hold reservations; you must send in a registration form.

Accommodations

Retreat House: 4 private rooms, 2 bunk beds each, and a private bathroom, air conditioning and common living room with a TV and kitchenette.

Cabin 1: 4 rooms (1 bunk bed each), air conditioning, communal bathroom, and common living room with kitchenette.

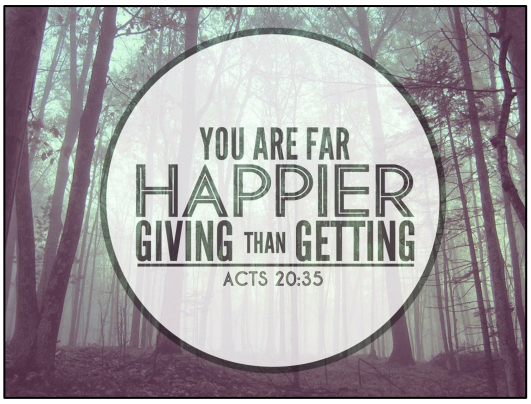
Cabin 2: with 2 rooms (4 bunk -beds each), air conditioning, communal bathroom, common living room with kitchenette.

Shelter: Up to 8 bunk beds. This is our more rustic style of housing. Bath and shower facilities are available at our shower house.

Our dining hall has wireless Internet. Bring your computer or wireless device.

ABOUT CAMP ACTS 20:35

Camp Acts 20:35 is a mission opportunity for your adults and youth to give back to the campground, that gives so much to our camps, conferences and retreats. Spend the day, a couple days, or the whole week to get our camp ready for the busiest time of the year. Your work will include maintaining the dining halls, cabins, retreat house, chapels, trails, lake, beach, and other camp areas.



WHAT TO BRING

- Work Gloves
- Hat
- Sunscreen
- Insect Repellent
- Water Bottle
- Work Boots/Shoes
- Camp Walter Scott provides tools, but you may bring your own as well.

SCHEDULE

Sunday
4:oopm – Arrival
5:30 – Dinner
6:00 – Orientation
8:30 – Vespers

Monday-Friday
7:30 – Worship
8:00 – Breakfast
9:00 – Work
11:30 – Break
12:00pm – Lunch
1:00 – Work
4:00 – End for the Day
5:30 – Dinner
6:30 – Campfire & Fellowship
8:30 – Vespers

Saturday
8:00am – Breakfast
9:00am – Closing Worship

MEDICAL ACKNOWLEDGEMENT

Please bring all medical insurance information with you to camp. Bring all medications. Basic medications are available at the camp health office. Medications for minors are to be administered by Parent, Guardian, or Youth Sponsor.

CCIW PUBLICITY RELEASE

Please initial here _____ if you ***Do Not*** want your voice, picture, image/likeness, or video used for church promotional purposes, including but not limited to web sites, flyers, slide shows at church functions and video clips. (CCIW would seek permission for major advertisement where you would have a primary role.)

PARTICIPANT SIGNATURE: _____ DATE: _____

If Youth, PARENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY
Date Received_____ Accommodations Assigned_____ Date Entered_____

Camp Acts 20:35

Youth Release Form

To be completed by Youth and Parent.

Name of Youth Covered by the following information: _____

Basic Behavioral Rules for Camp Acts 20:35

1. We promote a culture of dignity and respect for all persons and property.
2. Appropriate attire is required for campers during their time at camp. Shoes are to be worn in the dining hall.
3. Camp phones are available for use in case of emergency.
4. No food of any kind is permitted in sleeping areas.
5. Fireworks, weapons, hazardous substances, alcoholic beverages, and illegal drugs are not permitted by anyone.
6. The camp is not responsible for items that are lost, damaged, or stolen.

I understand and accept these rules: _____
(Youth Signature)

FOLLOWING INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian 1: _____ Parent/ Guardian 2: _____
First Name Last Name First Name Last Name

Address: _____
Street Address Apt. # City State Zip Code

Primary Phone Contact: (_____) _____ - _____ Name of Contact: _____

Emergency Contact: (_____) _____ - _____ Name of Contact: _____
This contact will be used if primary contact **cannot be reached during Camp Acts 20:35, if necessary.*

PARENT/GUARDIAN PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission for the event director or youth sponsor to obtain emergency medical treatment from the physician of the directors choice.

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION: (*Please list illness, allergies, current medications or problems of current concern.*)

_____

_____

Camp Acts 20:35

Youth Group Remittance Form

To be completed by Youth Sponsor.

Church Name: _____ Phone: _____

Church Address: _____

Address City State Zip Code

Church Contact Person: _____ Phone: _____

Youth Sponsor Name: _____

Youth Sponsor Name: _____

Number of Youth Participants: _____

Participants Name

1. _____ 11. _____
2. _____ 12. _____
3. _____ 13. _____
4. _____ 14. _____
5. _____ 15. _____
6. _____ 16. _____
7. _____ 17. _____
8. _____ 18. _____
9. _____ 19. _____
10. _____ 20. _____