

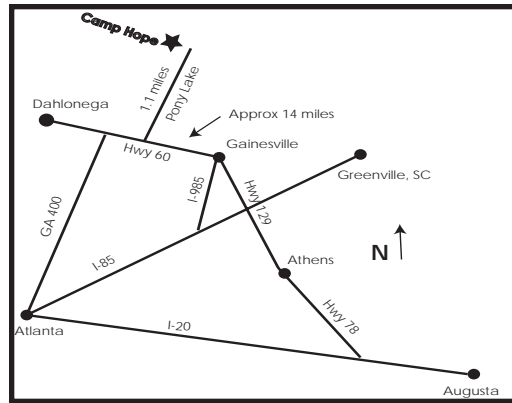
Let's Play 20 Questions!

**Speaker: Giles Canter
Anderson, SC
March 26 - 28, 2010**

Registration: Friday 6:30 - 7:30 pm
Pickup: Sunday 11:30 am
No lunch will be provided.



Director: Ed Myers
706-863-0875
myersed@yahoo.com



Registration Deposit: \$25.00/Ea
Total Cost: \$60.00
Balance Due @ Check In: \$35.00
Online Registration is available.
Payment in full will be required.

An offering will be taken at the Lord's
Supper to help defray the expenses of the
weekend.

**Ages 13 - 19
as of Sept 1 of current year**

What to Bring
Bible, notebook, flashlight, sleeping bag, pillow,
towels, washcloth, toilet articles, sweater/
jacket, musical instrument, fishing equipment

Mail Registrations to:
Camp Hope
Spring Teen Retreat
7011 Pony Lake Rd
Dahlonega, GA 30533
770.536.4787
E-mail: camphopega@arilion.com
www.camphopega.org

If an e-mail or post card acknowledgement is not
received within 14 days call registrar at the Camp Hope
number.

Cut along dashed line

2010 Spring Teen Retreat Registration

Name _____

Address _____

City _____

State _____

Zip _____

Date of Birth _____ Sex _____

Age _____ Grade _____

Phone Number _____

Father's Cell _____

Mother's Cell _____

E-Mail _____

Emergency Contact Name

Emergency Contact Phone Number

Cell # _____

**Parent Must Sign Back of Registration
Form**

Parent/Guardian Consents and Releases

1. Conduct Code: Camper conduct should adhere to sound moral principles & all camp rules and policies. The presence, use, or display of tobacco, alcoholic beverages, drugs, improper clothing or expressions of profanity or vulgarity will not be permitted. Any camper who violates camp rules, is disruptive or is not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.

2. General and Emergency Medical Authorizations: I hereby give permission to the first aid personnel selected by camp personnel to determine and provide standard first aid care and administer over the counter medications and medications sent for camper and, in case of emergency, to determine and select outside medical personnel and facilities, and I grant permission to such to order x-ray, make routine test, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this camper.

3. Camper has my permission to attend Camp Hope and engage in all activities except as noted.

4. I accept full responsibility for any damages my camper may cause.

5. Clothing & other personal articles are the responsibility of the campers. No liability is assumed for personal articles left on premises. Lost & found will be donated to a worthy organization two weeks after the closing of each week of camp. For information on Lost & Found, contact Austin Meadows at 678.316.9536.

6. No cell phones, radios, CD/tape players, TV's, skateboards.

I have read the content in the attached Camp Hope brochure and camper is knowledgeable of the content and conduct code. The information recorded on the application form is accurate and complete.

Signature of Parent/Guardian

X_____



Christian Youth Camp, Inc.
Camp Hope
7011 Pony Lake Rd
Dahlonega, GA 30533
770-536-4787