

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: M / F  
Age: \_\_\_\_\_ Grade This Fall: \_\_\_\_\_

Check Applicable Boxes to determine total below.

- ☐ Reservation Fee: + \$50.
- ☐ Additional Camp Fee: + \$130.
- ☐ \**Early-Bird Special* (ends June 19): - \$10.
- ☐ \*\**Calvary Membership Discount*: - \$15.
- ☐ Late Fee imposed after July 3: + \$15.

**Total Cost:** \$\_\_\_\_\_.

### All checks payable to Calvary Baptist Church

\* Reservation Fee must be paid by June 19<sup>th</sup> to qualify for the *Early-Bird Special*.

**\*\* Must be a Member of Calvary Baptist Church in Elkins Park to qualify for *Membership Discount*.**

Reservation and Camp fees include transportation to and from Campground, and all activities (Horseback riding, Hayride, Swimming, Ropes Course, Zip Line, Archery, Riflery, Sport Skills, etc.).

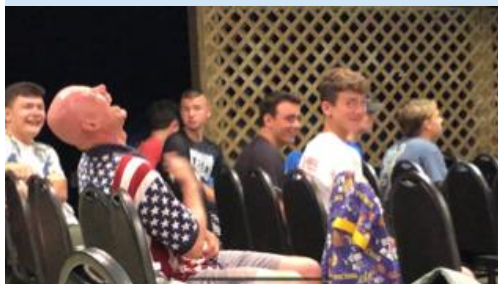
A Snack Shop account may be set up for your child with this registration below.

**NOTE:** We are limited in the number of campers we can accommodate, so please fill out and register forms early to assure your place. When cabins are full, we cannot accommodate others in that area. Thanks.

\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Amount received with Form: \$ \_\_\_\_\_  
 Snack Shop Amount Received: \$ \_\_\_\_\_  
 Date Form Received: \_\_\_\_\_

## A large group of students and staff posing for a group photo on a grassy field in front of a wooden building. The group is arranged in several rows, with some students sitting or kneeling in the front. They are wearing various casual clothing, including t-shirts, shorts, and jeans. The background shows a wooden building and some trees.



## CAMP CALVARY

241 Cadwalader Ave.  
Elkins Park, PA 19027  
215-886-5743



A Ministry of Calvary Baptist  
Church Elkins Park, PA

**JULY 11<sup>TH</sup> – 15<sup>TH</sup> 2022**

ONE WEEK. ONE PLACE.













## TWO GREAT CAMPS.

## JUNIOR CAMP 1<sup>ST</sup>-6<sup>TH</sup> GRADES

TEEN CAMP 7<sup>TH</sup>-12<sup>TH</sup> GRADES

One Place. One Week. Two Great Camps!

## THE CAMP CALVARY EXPERIENCE INCLUDES...

-  Outdoors Adventures – 125+ wooded acres
-  Large Swimming Pool – complete with diving board and lifeguard
-  Pond for Canoeing & Fishing
-  Horseback Riding
-  Softball & Soccer Field
-  Hiking and Nature Studies
-  Zip Line
-  Home-style Meals
-  Friendly Campers & Counselors
-  Bible Studies
-  Character & Teamwork Building
-  And Much More!



## PACKING CHECK LIST

### Bring These Items:

- ☐ Bible and a Pen
- ☐ Outdoor Clothing
- ☐ Sleeping Bag and Pillow
- ☐ Towels and Toiletries
- ☐ Swimming Clothes (Shorts & Dark Tee)
- ☐ Sunscreen
- ☐ Flashlight and Bug Spray
- ☐ Sneakers
- ☐ Drink Bottle for Water
- ☐ Money for Snack Shop (paid in advance)
- ☐ Your Best “Can-Do” attitude

### Do Not Bring These Items:

- ⊗ Electronics (i.e. **phones**, tablets, gaming devices, etc.)
- ⊗ Books or Magazines
- ⊗ Tobacco, Alcohol, knives, drugs, fireworks, lighters, matches, etc.

### Clothing Guidelines:

- ☒ Shorts must be to the knee
- ☒ Pants will be worn at the waist and Hats brim forward.
- ☒ Bring Loose-fitting clothes: No Yoga pants/Leggings/spandex as outerwear, etc
- ☒ No Sleeveless shirts, tank tops, midriff or low-cut tops, clothes with objectionable slogans or artwork

### Transportation:

*Please have children at Calvary Baptist Church by 8:00 AM Monday, July 11<sup>th</sup>. We will return to CBC by 3:00 PM Friday, July 15<sup>th</sup>.*

**CAMP LOCATION:**  
**PROMISED LAND CAMP**  
220 Boyscout Rd.  
Conestoga, PA 17516  
(717) 872-5403

## MEDICAL RELEASE FORM

If there is a medical condition which demands special attention, please submit a detailed explanation of the medical problem & medication needs along with this application. A decision will then be made as to whether or not our staff is equipped to deal with this medical condition.

- Does your child have...
  - Heart trouble of any kind? \_\_\_\_\_
  - Respiratory trouble of any kind? \_\_\_\_\_
  - Take any medications regularly? \_\_\_\_\_
  - Any Allergies? \_\_\_\_\_
- Can your child take Tylenol? \_\_\_\_\_
- Can your child run and play strenuously? If “no”, explain \_\_\_\_\_
- When was your child’s last Tetanus booster? \_\_\_\_\_  
Your child must have a current Tetanus shot before attending camp.

### Important Release:

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_ (camper’s name), do hereby authorize the Director of the camp and/or Camp Nurse to take action in my place should any medical emergency arise while the aforementioned child is attending Camp Calvary. I authorize such medical care, treatment or surgery as may be required to be given said child, using only the best discretion, and upon a Doctor’s recommendation, and hereby ratify and confirm all such actions taken pursuant to this authority.

**(Parent/Guardian Signature      Date)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Health Ins. Plan: \_\_\_\_\_

Policy#: \_\_\_\_\_

Primary Care Physical: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

