MIDDLE SCHOOL SUMMER CAMP

PARENT'S INFORMATION

WHAT: A week of adventure in Hocking Hills full of fun and learning.

WHO: This trip is for those that have completed grades 5 – 7 by this summer.

WHEN: Monday June 24 - Friday, June 28, 2019

WHERE: Cabin in Hocking Hills

ACCOMMODATIONS: The food is provided. We have rented out a huge house for our group in Hocking Hills.

LEADERSHIP: Greg Osborne the Youth Pastor and Student Ministry leaders from St Luke

PROGRAM: This is our third year doing this trip. We will head down Monday afternoon and returning on Friday lunch time. We will have a week of swimming, exploring the wilderness, visiting attractions, cooking out, and spending time getting to grow in our faith.

YOUR COST: $250.00
Since we don't want anyone to miss out on this trip because of money scholarships are available. If you need assistance talk to Greg

SPENDING MONEY: None will be needed.

TRANSPORTATION: You will not have to provide transportation. We will travel in vans leaving from and returning to St. Luke Lutheran Church on Morse Rd. in Gahanna.

REGISTRATION: Please return a completed registration form and a $50 deposit by Sunday, June 16, 2019.

MAKE CHECKS PAYABLE TO: St. Luke Lutheran Church.

FURTHER INFORMATION: Once you have registered, further information will come to you near the camp date. This information will include a "What To Bring" list, emergency phone numbers, a medical form (physical not required)

REGISTRATION FORM

Middle School Summer Camp

Hocking Hills, OH

June 24 – 28, 2019

Name of Youth/Adult: _____

Sex *(circle one)*: M   F   Grade completed by June 2019: _____

Parent(s): _____

Address: _____

City, State, Zip: _____

Phone: (____)_____   Emergency Phone: (____)_____

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize the administration and performance of all treatment that may be considered advisable by attending physicians in the case of accident or illness during my son's and/or daughter's time at Hocking Hills.

If parent and/or guardian are not available, please call:

Name_____ Phone: (____)_____

Relationship:_____

Additional comments regarding medications to be taken while at camp, medical history, allergies, penicillin or other drug reactions, etc., which may be useful in treatment:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian *(print name)*_____

T-shirt size *(please circle one)*:   S   M   L   XL   XXL   *(adult sizes)*