

2018 Camp Schedules

THURSDAY - July 12 (Youth Camp Only)

6:00 pm - Registration and Check In
7:15 pm - Supper
7:45 pm - Gathering & Orientation
7:55 - 8:45 pm - Worship at Tabernacle
9:00 - 9:15 pm - Snack and Devotion
9:30 - 11:00 pm - Evening Activities
11:15 pm - Lights Out!

FRIDAY - SUNDAY (TUES. - WED.)

7:30 am - Rise and Shine
8:00 - 8:45 am - Breakfast
9:00 am - 4:15 pm
 Daily Activities
 Service Projects
4:30 - 5:00 pm - Games & Recreation
5:00 - 6:00 pm - Wash/Clean up for Supper
7:00 - 7:20 pm - Restroom, get Bibles, etc.
7:30 - 8:45 pm - Worship at Tabernacle
9:00 - 10:15 pm - Snack, skits, games, etc.
10:15 - 10:45 pm - Free Time
11:00 pm - Lights Out!

MONDAY - July 16 (Children's Camp Only)

1:00 pm - Registration and Check In

Youth Camp will conclude following the evening worship service on Sun., July 15

Children's Camp will conclude following the evening worship service on Wed., July 18

Schedule is subject to change due to weather and/or unforeseen interruptions

Youth Camp Contact:
Rev. Chance S. Ward
Goshen United Methodist Church
826-6088 (Office)
667-4903 (Cell)
rev.chance.ward@gmail.com

Please mail Registration Form to:
Effingham Youth & Children's Camp
c/o Rev. Chance S. Ward
107 Goshen Rd.
Rincon, GA 31326

Make checks payable to
Effingham Co. Methodist Campground

Youth Camp - \$55
Children's Camp - \$50

Children's Camp Contact:
Dr. Whit Myers
Mizpah United Methodist Church
564-1168 (Home)
978-1500 (Cell)
drwhitmyers@yahoo.com

Ephesians 3:20

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2018 Youth & Children's Camp

PACKING LIST

2018 MORE Youth & Children's Camp

Please Select:

- Youth Camp (7/12 - 7/15)
- Children's Camp (7/16 - 7/18)

- Participant
- Adult Volunteer

Adult/Youth (Please Specify)

Participant's Name _____ T-Shirt Size _____

Address _____

Father's Name _____

Work Phone _____ Cell Phone _____

Mother's Name _____

Work Phone _____ Cell Phone _____

E-mail Address _____

Phone Number: Home _____

Age Information

Date of Birth _____ Age _____ Last Grade Completed _____

School _____ Home Church _____

Allergies / Medical Information / Other

Special Dietary Requirements

Insurance Co. _____

Policy/Group # _____

In the event of an accident and I am unable to be reached, I grant permission to an adult staff member to seek and/or obtain medical assistance that may be necessary.

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD

Parent Name: _____ Parent Signature: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

CLOTHING

- T-Shirts
- Shorts
- Underclothes
- Socks
- Hat
- Swimsuit
- Raincoat
- Pajamas
- Towels
- Flip Flops
- Sunglasses

BEDDING

- Sheets (for a double bed)
- Pillow
- Blanket
- Sleeping Bag

TOILITERIES

- Soap
- Shampoo
- Toothbrush/Toothpaste
- Comb/Brush
- Towel/Washcloth
- Deodorant
- Shower shoes

MISCELLANEOUS

- Bible/Notebook/Pen
- Sunscreen
- Insect Repellant
- Flashlight
- Medicine Needed
- Copy of Insurance Card
- WATER BOTTLE**

GREAT ATTITUDE!