


**IN A WORLD FULL OF LIES,  
THIS GENERATION  
DESERVES TO KNOW THE TRUTH.**



**Youth Camp 2008 will be...**

**THE MOMENT OF TRUTH**

**Mauldin, SC / July 21 - 25  
Ages 12-17**

**Camper Application**

**Send completed application to:  
Youth Camp  
Church of God Executive Offices  
P.O. Box 668468 / Charlotte, NC / 28266**

**Complete and mail to:**

Church of God Youth Camp / PO Box 668468 /  
Charlotte, NC 28266

**CAMP FEES:**

NOTE: A \$25 non-refundable deposit MUST accompany this form. The full balance must be paid no later than the first full day of camp

**DISCOUNT FEE**

Before June 16, 2008

**\$169.00**

**REGULAR FEE**

After June 16, 2008

**\$179.00**

**WALK-ON FEE**

10 days or less prior to Camp

**\$199.00**

*No, camp isn't free, but it is the best bargain anywhere, and a worthy investment that will pay high dividends for years to come. The camp fee contributes to food service, recreational equipment, supplies, camper's insurance, improvements, and program expenses. You will find real benefits in registering early. **THE DEADLINES LISTED WILL BE OBSERVED FOR APPLICATION FEES. ANY APPLICATION RECEIVED LESS THAN 10 DAYS BEFORE THE FIRST DAY OF THAT CAMP WILL BE TREATED AS A WALK-ON. A WALK-ON will be accepted only if the space and programming allow. No refund will be available for any child dismissed for disciplinary reasons.***

*When possible, campers will want to bring spending money. Snacks and drinks will be available at the concession stand. We recommend, if possible, \$5 per day for snacks or incidentals at the camp store. The official Camp T-Shirt is something most every camper will want to take home. They will be available for just \$12. A special canteen credit card can be purchased the day of registration and can be used instead of cash for any amount a parent wishes. (This is easier for the camper to handle and keep track of.)*

*All campers will receive a brief medical screening when they arrive at camp. All medications will be administered properly by the camp nurse.*

*Prescriptions should be clearly labeled (send only the amount needed while at camp). Any special needs should be noted. Anyone can contact head lice and unknowingly bring them to camp. Be sure to have yourself checked before coming. We cannot permit anyone to remain at camp with head lice or nits.*

**WHEN TO ARRIVE:**

Arrive at the camp the first day, **Monday**, between 1:00 and 2:00 p.m. to check in. **Workers will be in orientation until 1:00 p.m.**

Please understand, no camper can be received earlier! Campers should be picked up on Friday at 10:30 A.M. Parents are welcome to attend the "The Closing Challenge" at 9:30 a.m. on the last day of camp.

**NOTE TO CAMPERS:**

Youth Camp maintains a high standard for conduct. Tobacco, alcohol, drugs (other than prescription drugs), weapons, or fireworks of any kind are strictly prohibited. We also ask that no tapes/CDs/CD players or radios be brought to camp. Christian guidelines will not permit profanity, smoking, drinking, or any behavior which is deemed inappropriate at camp.

Play clothes and jeans are recommended for recreation. Nice casual clothes (jeans, dress pants, skirts, dress) are recommended for the older campers in worship services. Since this is a Christian camp, we want to look like it! Don't even think about short shorts, short shirts, or anything else that shows too much of you. Failure to follow dress code may result in dismissal from camp. **Parents, "thank you" for not sending inappropriate clothing.**

Bring bed linens, sleeping bag, pillow, towels, wash clothes, dirty clothes bag, Bible, bathing suit, tennis shoes and toiletries.

PLEASE PRINT

**The following information is required before acceptance in our camp! Thank you!**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Please Circle One: M / F

Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Child's SS# \_\_\_\_\_

Local Church you attend \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

**Roommate Preference (s)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Cabin Leader Preference**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Family Discount:**

Please credit me \$10. One or more of my immediate family members are registered to attend youth camp.

Family Members' Name (s)

\_\_\_\_\_

Camp they are attending

\_\_\_\_\_

*Western North Carolina Youth Camps are open to any child or young person wishing to attend regardless of race, creed, color, sex, or national origin.*

**PARENT'S CONSENT SIGNATURE/PASTOR'S ENDORSEMENT**

It is absolutely essential that this application be signed by both the Parent & Pastor. I hereby give my child permission to attend and participate in Western North Carolina Church of God Youth Camp. I authorize my child to receive medical attention from qualified medical personnel, both on campus and off, should such action be necessary in the opinion of camp officials. It is my understanding the camp will make every attempt to contact me should emergency medical attention be required. I also give my permission for my child to participate in the activities of the Church of God Youth Camp, both on and off the campground, and waive action against Camp Officials, the Church of God in Western North Carolina, and the participants to injury, damage, or loss of property my child may sustain at Western North Carolina Church of God Youth Camp. I hereby affirm that I have carefully read and agree with all information on this Application form.

Signature of Parent / Legal Guardian \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Local Church \_\_\_\_\_

**Please See Back for Insurance Information**

**FOR OFFICE USE ONLY :** Fee \$ \_\_\_\_\_ Amt. Enc. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

*Our camps are operated by the Church of God in Western North Carolina with Headquarters in Charlotte under the direct supervision of the State Youth Director and Board. We reserve the right to make decisions which are in the best interest of camp as it relates to personnel and camper environment. Cabin Leaders are to be a minimum of 18 years old and must have an endorsement signature from their local Church of God pastor. They must also attend pre-camp training sessions. We do not discriminate on the basis of color, national origin, sex, or race.*

*\* Application must be completed in full and received with the deposit by the deadlines stated.*

*\* All necessary health and insurance information must be provided.*

**Note To Parents:** Our camp medical insurance operates as a secondary coverage. Your insurance policy number will be listed as primary coverage and the camp's secondary in the unlikely event your child needs medical attention. If you have questions, please call (704)717-0506 or email ycesec@wnccog.com. List any other vital information on a separate sheet of paper.

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Is the camper covered by medical insurance? Yes \_\_\_ No \_\_\_ Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Pre-Authorization for Treatment required? Yes \_\_\_ No \_\_\_

Any known health deficiencies or physical handicaps \_\_\_\_\_

Present Medication \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Allergies \_\_\_\_\_ Reactions/Other \_\_\_\_\_

### **PHONE CALLS....**

Camp is only a few days, so campers do not make or accept calls unless an emergency arises.

Visitors **are not** permitted to stay overnight, but are welcome to attend church services (Family visitors may cause homesickness for younger campers...use wisdom)

### **DIRECTIONS TO CAMP:**

All camps are located at the South Carolina Camp Ground in Mauldin, SC.

Take 1-85 South, toward Spartanburg/Greenville

Take 1-385 south toward Columbia

Take exit 31, Lauren's Road Hwy 417

1-185, which also exits at this point

Stay in the far right lane.

At the end of the ramp, turn right

The first street to the left is Monroe Drive

The Conference Center is 1/4 mile on the left.