2015 DAY CAMP REGISTRATION FORM

Camper's Name _____ Age _____ Grade Completed _____

Street Address _____

_____

Mailing Address _____

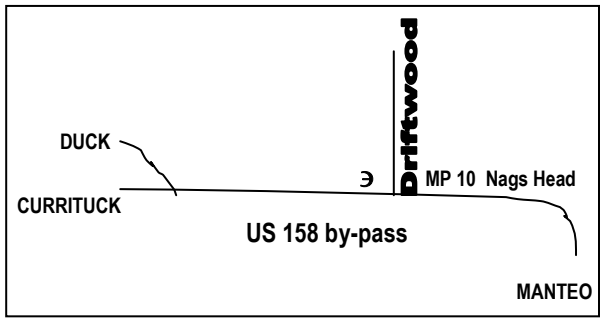
_____

Phone _____ E-Mail Address: (please print) _____

By signing this form, I am allowing the above camper to participate in all activities (unless otherwise stated), and understand that every effort will be made to contact me in case of emergency. If I am not able to be reached, I give my permission for the camp leaders to secure proper medical treatment of the camper. The medical information on this form is correct.

STILL WATERS
Independent Baptist Church

US 158 & E. Driftwood St. at MP 10 in Nags Head
PO Box 148 Nags Head, NC 27959
(252) 255-1835
Tony Facenda, Pastor



_____TIMES OF SERVICES_____

Sunday School	9:30 AM
Sunday Services	8:15 AM
	10:30 AM
	6:00 PM
Wednesday	7:00 PM

OBX DAY CAMP

July 13-17, 2015

8am - 5pm

RBP's TO THE EDGE
ENCOUNTER THE GOD OF THE UNIVERSE

Grades 2 - 12

Still Waters Baptist Church

US 158 & Driftwood St. at MP 10 in Nags Head

For Information call 255-1835

Tony Facenda, Pastor

Jeremy Harrell, Assistant Pastor

OBX DAY CAMP

is for you!

"The most exciting week of the summer"

$99 per CAMPER

($25 deposit due with registration form)

balance ($74.00) due by July 13

EARLY REGISTRATION DISCOUNT

Save $10 by registering before May 25

PRICE INCLUDES:

LUNCH – SNACKS – EVENT ADMISSIONS

FOR MORE INFORMATION

Call 255-1835

REMINDERS

Those needing to arrive after 9am or leaving before 4pm are asked to make arrangements with the staff the day before.

Please alert us to any health or dietary needs of the camper on the registration form.

Campers are asked *NOT* to bring expensive items not needed for Day Camp, such as electronic games, MP3 players, etc.

ACTIVITIES

(The events chosen for the week of Day Camp are dependent on availability and weather conditions. Below is a partial list of options.)

Miniature Golf

Games

Team Competition

Lighthouse

Jockeys Ridge

Swimming

Interactive Bible Study

Norfolk Zoo

Crafts

Tabletop Games

Basketball

Simon Says

AND MORE

MEDICAL INFORMATION

Name of Parent or Guardian _____ E-mail _____

Emergency contact _____ Phone _____

Medical Insurance Provider _____ Policy # _____

Preexisting Medical Conditions _____

Current Medications or Allergies _____

Physical Limitations _____ Special Dietary Needs _____

THREE WAYS TO REGISTER

On line - www.stillwatersbaptist.org

By Mail – Still Waters Baptist Church PO Box 148 Nags Head, NC 27959

At the Church Office - US 158 & E.Driftwood St. MP 10 in Nags Head

phone - 255-1835