Spring Fling Retreat 2012

Dear Campers & Parent(s):

We're so excited to have you join us for Spring Fling!! In order to prepare for the upcoming retreat, please read the following:

1. **Final Registration -** if you still have payments to make, be sure to plan to do that when you arrive at the church. Also, please sign the parental permission form below and bring it with you to registration or send it with your child(ren). We **MUST** have this before departure.

2. **What to Bring** - the following is a partial list of the vital items each Camper should bring.
(Please have all belongings marked with camper's name):

***REFILLABLE WATER BOTTLE** – *very important, we often have 1 or 2 children who get sick from dehydration so let's make this a sick-free year!*
***WARM CLOTHES** – *it could get really cold up there and we may have snow, so be prepared!*
***RAIN/SNOW GEAR**
***SNEAKERS**
***BIBLE, PEN, NOTEBOOK**
***FLASHLIGHT**
***TOILETRIES**
***SUNSCREEN**
***MEDICATION**
***SACK LUNCH** (to eat on bus ride to camp)

The camp will provide sheets, blankets, pillows and towels.

3. **What <u>NOT</u> to Bring:**
Cell phones, i-pods, CD players, any knives/guns or video games
*If seen, these items **<u>will be</u>** confiscated from the camper and returned at the end of the retreat.

4. **Home Emergency** - if there is an emergency at home and you wish to contact your child, please call Lost Canyon Young Life Camp at 928-635-2900.

5. **Departure/Arrival Times:**

<u>Friday, 2-24-12</u>	3:45pm-4:00pm	Campers arrive & check in
	4:15pm	Board bus (any campers not yet arrived will receive 1 phone call)
	4:30pm	**Bus leaves! No exceptions.**
<u>Sunday 2-26-12</u>	3:00pm	Planned arrival back at the church. *Parents please be here at/before 3:00pm.*

If you have any questions please call the church office at 602-955-6370.

We look forward to seeing you and seeing what God has in store!

Pastor Jason Doughty

Parental Permission Slip

Spring Fling, February 24-26, 2012, Camelback Bible Church

(Camper's Name) _____ has my permission to attend the above activity. In case of accident or illness, I give my permission for any x-ray examination and any medical or surgical treatment and hospital care which is deemed advisable and necessary to the above named, by a licensed physician and/or surgeon in a licensed hospital. Also, while it is a supervised church activity, I recognize that the church is not liable for any accidents occurring during the event.

Parent/Guardian (print name) _____

Parent/Guardian Signature _____

Date _____