

**2024 CAMP HOPE**

**Camper Fees**

**Fee: \$120.00 per camper**

**Includes:** Free CAMP HOPE T-Shirt.

**Plus:** \$5 Canteen Card **if pre-registered.**

Money for snacks, a mission offering, group picture, or an additional shirt may be needed.

**- Family Plan Discount -**

Families with 3 or more children attending Camp will pay no more than \$300 total **if** all are **pre-registered**. First Child - \$120.00, Second Child - \$120.00 Third Child - \$60.00 (The Rest are Free!)

**- WHAT TO BRING -**

Pillows & Sheets or Sleeping Bag & Pillow  
Towels-Soap-Bath Cloths-Shampoo-Toiletries  
Extra Shoes-Swim Suit-Shower Sandals  
*You may want one 'old outfit' that can get stained!*

**- CAMP RULES -**

1. Cooperation and Participation is expected by everyone.
2. Anyone leaving camp must notify the Director.
3. Anyone bringing alcohol, tobacco, drugs, or pornography to camp will be expelled immediately.
4. Campers driving a vehicle must park it, lock it, and turn in the keys to the director.
5. Boys and Girls will have separate swim times.
6. **DRESS CODE:** Girls are expected to wear slacks, jeans, or a dress or skirt to evening services. Boys are expected to wear slacks or jeans with appropriate shirts to evening services. ALL APPAREL worn at other times must be modest and loose fitting and **at least mid-thigh in length.** NO short shorts or tank tops are allowed at camp. Girls must wear one-piece swimsuits or wear a t-shirt over the top of their 2-piece suit when swimming. Any clothing displaying rock stars, alcoholic beverages, vulgarity, or offensive material is prohibited!
7. Any person(s) visiting the camp while in session, will be asked to abide by the current schedule and all rules. VISITORS should give \$3.00 per meal attended.
8. Cell Phones must be surrendered upon arrival and will be returned when the camper goes home on Friday. (Campers may want to bring a camera.)

**- Special Health Policy -**

Each Camper will be checked for any kind of Health Risk or Nuisance by qualified personnel before they can move into the dorms. Admittance may be denied upon findings.

Please clip application and return to address below. Keep Remainder for your information.)

**Camper Application**

Camp Use Only: Date Rec'd \_\_\_\_\_

Please read camp rules in this brochure before filling out this form.

- **Do Not Use this form for Leadership Camp** (A Separate Form is Available)
- **T-Shirt Section (below) must be filled out to receive free shirt**
- **Check Week of Camp you Will Attend** (Grades Refer to Next School Year)

- Primary (3rd-4th Grade)     Junior (5th-6th Grade)     Junior High (7th-8th Grade)  
 Freshman-Sophomore (9th-10th Grade)     Junior-Senior (11th-13th Grade)

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ AGE \_\_\_\_\_ Sex \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 CHURCH \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

CAMPER'S E-MAIL ADDRESS \_\_\_\_\_

Do you want an 8 X 10 Group Picture of your week of camp for \$5.00     Yes     No

School Grade (entering this fall) \_\_\_\_\_ Are you using the Family Plan? \_\_\_\_\_ (If yes, list other family members attending camp) \_\_\_\_\_

Are you a First-Time Camper     Yes     No    (Campers may only attend 1 week with their age group)

MEDICAL INFORMATION: Does Camper have any health problems that require medicines or a special diet? \_\_\_\_\_ (If yes, then attach explanation for our nurse)

CAMPER, Will you be taking medication during camp stay? \_\_\_\_ Will you have medicines with you at camp? \_\_\_\_ List medications: \_\_\_\_\_ (Medicines Must be in Prescription Bottles)

Are you Allergic to     Bee Stings     Wasp/Hornets     Insect Bites     Other \_\_\_\_\_

PARENT, do you give permission for your child to be treated for injuries? \_\_\_\_\_ \*

[\*NOTE: We hope to provide a safe camping experience for your child. Should an illness or injury occur, every effort will be made to contact you, but we need your permission to treat medical emergencies.]

\*I WILL NOT HOLD CAMP HOPE LIABLE FOR ILLNESS OR VIRUS.

Signature of Parent \_\_\_\_\_ (or Legal Guardian) \_\_\_\_\_

EMERGENCY PHONE NUMBER: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician's name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Special Instructions \_\_\_\_\_

CAMPER, do you agree to abide by the rules & dress code and cooperate fully with camp personnel?

**Camper's Signature** \_\_\_\_\_

**T-Shirt Order Blank** – One Free T-Shirt Per Paid Camper

The T-Shirt can be picked up during the week the camper registers and pays fees. (Add'l Shirt \$10.00)

CHECK PROPER SIZE: **Youth Sizes . | Adult Sizes . .**

- Small (6-8)     Medium (10-12) |     Small (34-36)     Medium (38-40)  
 Large (14-16)    |     Large (42-44)     X-Large (46-48) |     XXL (\$2 Extra)

**Return Completed Form to: CAMP HOPE, 1176 County Road 1975N, Cisne, IL 62823**