

Singing Hills Junior Camp 2024

Palestine, West Virginia

Junior Youth Camp: "SHINE"

"Proverbs 4:18 The path of the righteous is like the morning sun, shining ever brighter till the full light of day."

"June 10th (Monday) – June 14th (Friday)

Ages:7 years old- those just graduated 6th grade

Cost: \$75 (\$65 if paid by June 1st)

Registration: Monday, June 10th from 3p.m.-5p.m.

Camp ends: Friday June 14th Campers are ready for pick up by noon.

Camp fee includes: a camp T-shirt, 1 snack shack card (additional cards are \$5), room and board.

Registration form for Youth Camp

Name:	Age: DOB:	male	e or female
Address:	City:	State:	Zip:
Phone #: (cell o	r home) Email addres	ss:	
T-Shirt size: Youth sizes: S M L Adult sizes	:: S M L XL XXL		
Parent/Guardian Name:			
Church you attend:	Pas	stor's name:	
School you attend:	grac	de completed:	
Does your child have permission to participat	e in sports?	Any restrictions?	
Does the camper have permission to be bapti	zed if they choose to	? yes or no	
Does the camp have permission to use the ca other web-related publications)? Yes or no	mper's likeness in an	y digital media format (e.g.,	, photo, video, website and
If I am unable to be there at the time of camp	dismissal, I authorize	e my child to be picked up b	py:
	or_		
Signature of Parent or Guardian:X			

Singing Hills Youth Camp [Directors: Mark (30	4) 483-8064 (C) & Pam	ela Rivers (304)481-1039 (C) text/call	
Camp caretaker: Alan Hatfield (304)275-1107 (for emergency during camp week if you cannot reach directors)				
Please send all completed for				
Singing Hills Youth Camp:	c/o Mark & Pamela	a Rivers 3015 Butcher I	Bend Rd Mineral Wells, WV 26150	
	(Reporting such co	-	below any physical conditions the director of the nt the child from attending or participating and will	
*Conditions/Allergies:	*Cu	ırrent Medicines:		
*Dates of last immunizatio	ons: Polio	Tetanus	Other	
*Doctor's Name /Number_		H	Hospital Preference:	
*Medical Insurance Compa	any	Insuran	ce Card #:	
permission for emergency	_	ry as recommended by	attending physicians.	
Signature of parent/guardi	ian: X	\	Your relationship to the camper:	
			Your relationship to the camper:ent or Guardian Work#	
*Bring bedding, towels, po	Cell #RULE	Pard REGULATIONS (Forms, paper, pen, Bible.	ent or Guardian Work#	
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