

# 2010 CAMP BROSEND WINTER RETREATS

Jr High/Sr High    January 29-30    (6<sup>th</sup>-12<sup>th</sup> grades)  
Games, *70 Times 7* Band, Lessons, Fellowship, Fun, Great Food

Topics include: Hanging out with God, involving yourself in the church, and studying Scripture.

Junior                      February 5-6                      (3<sup>rd</sup>-5<sup>th</sup> grades)  
Games, Music, Lessons, Fellowship, Fun, Great Food

Topics include: We believe the Bible because it's from God, we can use God's Word everyday, and we learn how to live from the Bible.



## DIGGING



## DEEPER

Registration forms are available online at [www.campbrosend.org](http://www.campbrosend.org).

Where: Camp Brosend  
7599 Camp Brosend Rd  
Newburgh IN 47630

Check-in: Friday 7:00-7:30 p.m.  
Check-out: Saturday 4:00 p.m.

Bring Bible, pen, flashlight, soap, shampoo, personal items as needed, sleeping bag, pillow, and towels

If you have any questions regarding the retreat, please call 812-853-3466 or email [info@campbrosend.org](mailto:info@campbrosend.org).

### *How to Register*

**Step 1** – Submit completed registration form:

1. mail to the camp
2. scan and email to [info@campbrosend.org](mailto:info@campbrosend.org)
3. fax to 812-853-3466

**Step 2** – Submit registration fee:

1. mail a check with your registration form
2. pay online at [www.campbrosend.org](http://www.campbrosend.org)  
(discount will appear at checkout if qualified)

Your registration is not complete until we have both payment and the registration form at Camp Brosend.

## Camp Brosend's 2010 Winter Retreat Registration Form

Return completed form with \$30 fee (non-refundable, non-transferable) by the due date (**add \$5 after**).

Return to: Camp Brosend, 7599 Camp Brosend Rd, Newburgh IN 47630 812-853-3466

Check-in: 7-7:30 Friday evening \_\_\_\_\_ Junior—Feb 5-6 \_\_\_\_\_ Jr Hi/Sr Hi—Jan 29-30  
 Check-out: 4 Saturday afternoon \_\_\_\_\_ (3rd-5th) due 1/27 \_\_\_\_\_ (6th-12th) due 1/20

After the above registration date, call the camp office at 812-853-3466 to register campers.

Please type or print the following information:

Camper's Name _____		Boy _____	Girl _____	Age _____	Birth Date _____
Home Address _____		Grade _____			
City _____		State _____	ZIP _____	Home Phone _____	
Mother's Name _____		Cellular _____		Work Phone _____	
Father's Name _____		Cellular _____		Work Phone _____	
Email Address _____		@ _____			
Church Name _____		Pastor's Name _____		Church Phone _____	
Parents who live separately can use this line to provide the information for (circle): Mother    Father					
Home Address _____		Home Phone _____			
City _____		State _____	ZIP _____	Work Phone _____	Cell _____
The Emergency Contact should be <b>someone other than a parent</b> in case they cannot be reached.					
Emergency Contact Name _____		Relationship _____		Phone _____	
Family Doctor _____		Phone _____			
Medical Insurance Carrier _____		ID No. _____			
Member's Name _____		Benefit Code _____		Account # _____	
Known Drug Allergies _____					
Other Allergies _____					
Chronic or Existing Diseases/Medical Problems (e.g. asthma, diabetes) _____					
This camper may take the following medications if necessary while at Camp Brosend (check all that apply):					
___ Tylenol or Advil (1 or 2 as needed for headache, fever, or muscle aches & pains)		___ Cough syrup as directed for cough			
___ Anti-diarrheal for diarrhea as directed		___ Benadryl or Sudafed as needed for itching or allergy relief			
Current Medications _____					
Date of Last Tetanus Shot/Booster _____		Hospital Preferred _____			
<b>State Law</b>		<b>ALL medications (including over the counter drugs such as Aspirin/Tylenol) are to be given to the camp nurse in their original container with their original prescription when registering.</b>			
Further Comments (use back if needed) _____					
Requested bunk mate _____					
As the parent or legal guardian of the above child and by signing this form:					
<ul style="list-style-type: none"> <li>• I hereby consent for my child to attend and participate in all activities provided by Camp Brosend.</li> <li>• I certify the accuracy of all statements and the information provided on this form.</li> <li>• I give my permission for medical treatment to be provided for the camper.</li> <li>• I understand that I am financially responsible for any expenses incurred through emergency medical treatment given to this camper.</li> <li>• I give my permission for my child to be photographed for publicity purposes and optional photo purchasing.</li> </ul>					
MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN					
Parent/Guardian Signature _____		Date _____			