**Adventures with Jesus**

I John 4:9 NIRV Here is how God showed his love among us.

He sent his one and only Son into the world. He sent him so we could receive life through Him.

**Chester County Christian Endeavor Fall Fling**

**NEW LOCATION!!! The Camp at Old Mill** 127 Brandamore Road, Honey Brook, PA 19344

 Overnight Camp for Juniors 1st – 6th Grades

Date: Friday, October 11 & Saturday, October 12

Arrive: 7:30pm Friday Depart: 1:00pm Saturday

Cost: $25 per Camper/Leader/Parent (2nd person in Family is $15, 3rd person is Free)

 **Things to Bring**: Bible, Sleeping Bag/Blankets, Pillow, Flashlight, Toothbrush/Paste, Towel/Washcloth, Soap, Change of Clothes/Shoes (in case of rain), Jacket/Sweatshirt. **NOTE: Please provide (18 yrs or older) male & female leaders for your group. We respectfully request children stay for the entire program**

\***Parents are welcome to come & stay overnight with your child**. **Everyone must have Background Clearances**.

 Registration Form

**Please make Check Payable to**: Chester County CE **Cost** $25.00 **Due:** Friday, October 4, 2018

Mail to: Amy Styer PO Box 803, Morgantown, PA 19543 ph 484-332-7193

Please Print: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Grade\_\_\_\_\_\_\_ Boy or Girl\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(FRI Evening to SAT Morning)

 Medical/Food Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_My child my receive Tylenol if they request it. \_\_\_ My child may receive Benadryl.

I authorize my child to participate in this Christian Endeavor Activity. Further, in the event I cannot be reached and my child requires Emergency Medical care, I authorize a representative of Christian Endeavor to obtain appropriate medical care from a licensed and qualified facility or individual.

Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be on my most excellent behavior, participate in all planned activities, and to honor the decisions of those in charge.

Camper Signatue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_