

4TH – 6TH DECEMBER 2009
Yr 7-9 end of year camp

Jcamp 09

start | fri 4 DEC 09, 5:30pm

finish | sun 6 DEC 09 12:45pm

venue | Ocean Beach Holiday Park,
[see directions below]

cost | \$45 per camper [for food & site fees]
[\$40 each if more than 1 from the same family]

J Camp

things to bring | personal items (ie clothes and toiletries), plate, bowl, cutlery, tent, bedding, a camping chair (if you have one), swimmers and board shorts, towel, hat, shoes for sports, wet weather gear, sunscreen, insect repellent, Bible, a slice or cake for suppers.

Valuables brought at your own risk – you will be responsible for your own belongings.

TENTS. Could you please contact the following leader before camp to let them know your arrangements in relation to tents:

Girls:	
Yr 7: Amanda Stoddart	0423 118 696
Yr 8: Jasmine Baker	0431 997 220
Yr 9: Jess Kelly	0439 876 988
Boys:	
Yr 7: Josh Plunkett	0407 214 507
Yr 8: Adam Linton	0437 438 408
Yr 9: Max Burke	0435 154 967



directions | From Central Coast Hwy 1 Brisbane Water Drive [follow this past Woy Woy Station] 2 [L] Ocean Beach Road [go right into Umina] 3 [R] @ roundabout Sydney Ave 4 First [L] to Umina Beach Surf Club Car Park 5 [R] @ the Ocean Beach Holiday Park sign 6 We are camping @ 'SUNNYSIDE'

for more info | Jono McKeown 0412 160 846



check out our website:

www.ccecyouth.com

JCAMP 2009 Permission Slip

CAMPER DETAILS [fill out one per camper]

(return this slip with money to Jess Kelly – yr 9 girls leader)

Name: _____ Yr: _____ DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Parent/guardian Name: _____

Ph # [h]: _____ [m]: _____

Emergency contact [if parent/guardian cannot be reached]

Name: _____

Ph # [h]: _____ [m]: _____



CAMPER'S HEALTH INFORMATION

- Describe in full any allergies [drugs, food, environment] and the medication taken for each on a separate sheet.
- Is the camper on a special diet? No Yes [If yes, give details on a separate sheet]
- Does the camper take any medication? No Yes [If yes, outline dosage, purpose & times on separate sheet]
- Operations or serious illness? No Yes [If yes, provide detail, date and type on separate sheet]
- Can he/she swim? No Yes [How many metres: _____]
- If the camper is restricted from any camp activity, please note the restriction and specify the condition involved: _____

CAMPING EQUIPMENT

Will you be able to supply a tent for camp? No Yes. If yes, how many people will it sleep? _____

CAMP COST

\$45 per camper for food and site fees. [Make cheques out to Central Coast Evangelical Church] I give permission for my son/daughter to attend camp and my signature below indicates my willingness to permit my child to participate fully in all activities associated with the camp. I give permission for my child's photo to be used in future promo.

Sign: _____ Date: _____

