



14th-16th November 2007
year 7-9 | end of year camp

JCAM

start | fri 14Nov07, from 5:00pm
finish | sun 16Nov07 12:30pm

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]

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. **Please do not** bring any expensive items eg stereos, CD's, mp3 players, televisions, cross bows, computer games or mobile phones.

tents | could you please contact the following leader from your group before camp to let them know your arrangements in relation to tents:

girls |

yr 7 - Penny Van Drempt | 0431-859-739
 yr 8 - Lucy Hill | 0434-922-303
 yr 9 - Jacqui Burtenshaw | 0413-212-899

boys |

yr 7 - Tod Parry-Jones | 0439-801-011
 yr 8 - Max Burke | 0425-274-512
 yr 9 - Lachlan Grice | 0405-846-930

Don't miss the JCAMP!!!

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 @ 'RIVERSIDE'

for more info | Aaron Plunkett 0438-473-489
 Or Adrian Haynes 0404-294-692



Check out our website:

www.ccecyouth.com

JCAMP 2008

Permission Slip

CAMPER DETAILS [fill out one per camper]

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? Yes No [How many metres: _____]
 +++ If the camper is restricted from any camp activity, please note the restriction and specify the condition involved:

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

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: _____/_____/_____

