

SNO-CAMP 2012 WINTER YOUTH RETREAT

WEEKEND SCHEDULE:

FRIDAY:

7:00PM — ARRIVE @ O.C.D. ☺
9:00PM — SESSION #1 (SUMMERFELD/TIM WALKER)
10:30PM — WIDE GAME
12:00AM — BED TIME!

SATURDAY:

8:30AM — BUFFET BREAKFAST
9:30AM — SESSION #2 (SUMMERFELD/TIM WALKER)
11:00AM — FREE TIME
12:00PM — LUNCH
1:30PM — WIJI BASKETBALL
3:00PM — FREE TIME
5:30PM — SUPPER TIME
7:00PM — SESSION #3 (SUMMERFELD/TIM WALKER)
10:30PM — TALENT SHOW/IMPROV/COMEDY SHOW
12:00AM — BED TIME!

SUNDAY:

8:30AM — BUFFET BREAKFAST
9:30AM — WORSHIP & CABIN BREAKOUT
11:00AM — CAMP CLEAN UP
12:30AM — LUNCH
1:00PM — LEAVE FOR HOME ☹

SNO-CAMP 2012 WINTER YOUTH RETREAT

WHAT TO PACK:

- BIBLE
- NOTEBOOK
- PEN
- INDOOR SHOES
- WARM WINTER CLOTHES
- SKATES (OPT.)
- HOCKEY STICK (OPT.)
- PILLOW
- SLEEPING BAG
- CLOTHES
- TOILETRIES
- TOWEL
- HEALTH CARD
- MONEY FOR FOOD WHILE WE TRAVEL.

RETREAT COST:

\$85 (BEFORE JAN. 29TH)

\$100 (AFTER JAN. 29TH)

PLEASE MAKE CHEQUES PAYABLE TO:
YOUR HOST CHURCH

SNO-CAMP 2012 WINTER YOUTH RETREAT

FEBURARY 10-12, 2012

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME:

CONTACT NUMBERS:

HOME: _____

WORK: _____

CELL: _____

OTHER: _____

EMERGENCY CONTACT:

NAME: _____

NUMBER: _____

NAME OF FAMILY PHYSICIAN:

PHYSICIAN'S PHONE NUMBER:

HEALTH CARD #:

(MUST BE BROUGHT WITH YOUTH)

ALLERGIES/SPECIAL NEEDS/MEDICATIONS:

OVER →

I GIVE PERMISSION FOR _____
 TO ATTEND AND PARTICIPATE IN THE ABOVE
 MENTIONED YOUTH EVENT. I UNDERSTAND THAT THE
 EVENT MAY INVOLVE TRAVEL OUT OF TOWN, AND/OR
 STAYING IN ACCOMMODATIONS FOR ONE OR MORE
 NIGHTS.

PRECAUTIONS ARE TAKEN FOR THE SAFETY AND
 HEALTH OF YOUR CHILD, BUT IN THE EVENT OF
 ACCIDENT OR SICKNESS, THE HOST CHURCH, ITS
 STAFF, AND ITS VOLUNTEERS ARE HEREBY RELEASED
 OF ANY LIABILITY.

IN THE EVENT THAT YOUR CHILD REQUIRES SPECIAL
 MEDICAL ATTENTION, X-RAYS OR TREATMENT, THE
 PARENTS/GUARDIANS WILL BE NOTIFIED
 IMMEDIATELY.

IN CASE OF SURGICAL EMERGENCY, I HEREBY GIVE
 PERMISSION TO THE PHYSICIAN SELECTED BY THE
 HOST CHURCH, TO HOSPITALIZE, SECURE PROPER
 TREATMENT FOR, AND TO ORDER INJECTION,
 ANESTHESIA OR SURGERY FOR MY CHILD AS NAMED
 ABOVE.

YOUR CHILD MUST BE COVERED BY PROVINCIAL
 HEALTH INSURANCE OR EQUIVALENT MEDICAL
 INSURANCE.

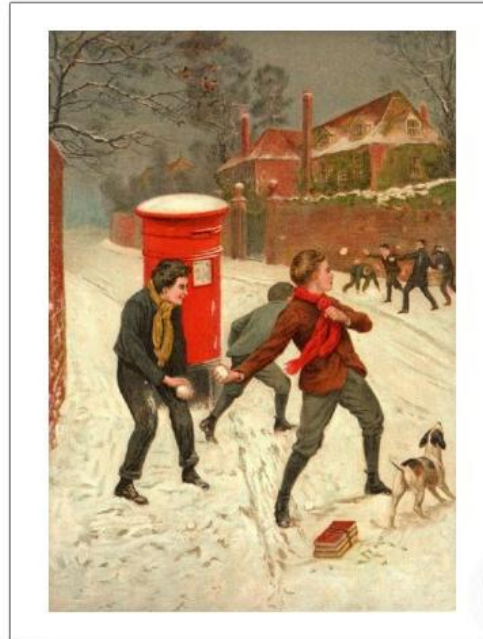
FURTHER, SHOULD IT BE NECESSARY FOR MY SON /
 DAUGHTER TO RETURN HOME FROM THE ABOVE EVENT
 DUE TO DISCIPLINARY ACTION, FOR MEDICAL REASONS
 OR OTHERWISE, I HEREBY ASSUME ALL
 TRANSPORTATION COSTS.

SIGNED (PARENT OR GUARDIAN):

X _____

DATE: _____

*THIS FORM MUST BE SIGNED AND RETURNED IN ORDER FOR
 YOUR CHILD TO PARTICIPATE IN THIS EVENT*



SNO-CAMP 2012 WINTER YOUTH RETREAT ONTARIO CAMP FOR THE DEAF

ROSSEAU ROAD - PARRY SOUND, ONTARIO

FRIDAY FEBRUARY 10 TO SUNDAY FEBRUARY 12

IN FEATURING THESE SENSATIONAL STARS IN
 PERSON PERSON

THE WALKER ★ **SUMMERFELDT**
 KEYNOTE SPEAKER WORSHIP BAND

COME
 PREPARED
 WITH A
 TALENT OF
 YOUR OWN TO
 SHARE!

THE FIFTH ANNUAL TALENT SHOW
 WITH **WIL TWYNSTRA** IN PERSON
COMEDIAN EXTRAORDINAIRE!

COME
 PREPARED
 WITH A
 TALENT OF
 YOUR OWN TO
 SHARE!

★ **'LIVING A LIFE OF FREEDOM & AUTHORITY'** ★

SO MUCH TO DO AND SEE! *GREAT FOOD*FLOOR HOCKEY*WIDE GAMES*
 *WII TOURNAMENT*FIREWORKS*QUINZEE BUILDING*WII BASKETBALL*
 *GROSS GAMES*PRIZES*CRAFTS*CABIN BREAKOUT*NEW FRIENDS*FUN*

INCLUDING
 ALL TAXES

ADVANCE SALE TICKETS \$85

INCLUDING
 ALL TAXES