***16th-18th November 2007***
*year 7-9 | end of year camp*

JCAMP

**start |** fri 16Nov07, from 5:00pm
**finish |** sun 18Nov07 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, guns, 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 - Jacqui Burtenshaw | 0413-212-899
yr 8 - Bron Downes | 0410-122-600
yr 9 - Rowena Miers | 4322-2107
**boys |**
yr 7 - Max Burke | 0425-274-512
yr 8 - Lachlan Grice | 0405-846-930
yr 9 - Ryan Parry-Jones | 0438-801-071

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 David & Rowena Miers 4322-2107*

Check out our website:
**www.ccecyouth.com**

# JCAMP 2007
## 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:

**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:____/____/____

central coast evangelical church youth
CCECYOUTH