



16th-18th November 2007

year 10-12 | end of year camp

SCAMP

start | fri 16Nov07, from 5:00pm
finish | sun 18Nov07 12:30pm

venue | Freemans camping ground /
Munmorah State Conservation Area
[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, torch, body boards, surf boards, Bible, a slice or cake for suppers.

Please do not bring any expensive items eg stereos, CD's, mp3 players, televisions, nun-chucks, 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 10 - Nicole Maloney | 0433-702-870
yr 11 - Renae Godden | 0408-825-926
yr 12 - Kelly Haynes | 0401-380-877
boys |
yr 10 - Josh Bones | 0425-363-398
yr 11 - Jackson Stace | 0417-437-403
yr 12 - Sam Peck | 0425-257-360

Don't miss out!

directions | From Coast Hwy/Budgewoi Rd **1** Right at the Round about onto Ourringo St **2** Ourringo St turns into Mimosa Road **3** Mimosa turns into Elizabeth Bay Drive **4** Turn right onto Birdie Beach Drive **5** Turn Right into Freemans Camping Ground

for more info |
Adrian Haynes - 0404-294-692



Check out our website:

www.ccecyouth.com

SCAMP 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: _____

