

Father/Son Overnight Camp-Out

September 19-21, 2008

Friday Night, Saturday, and Sunday

WHERE

Baker Park Reserve - Lake Katrina Group Camp - See Map for driving directions.

We strongly recommend car-pooling if possible. The number of parking spots is limited at the camp sight. Meeting another dad/son combos at church and riding together would be great!

WHO

Boys in grades 1 - 6 and their dads or an adult male. No children under 1st grade please. This is a men and boys event only! **If an adult male is not able to attend with the boy, parents are responsible for arranging an adult chaperone for their son.** This can be a dad of a boy who is attending as long as you have written permission from that dad (see permission slip)

WHEN

We will officially start after dinner on Friday night about 8:00 p.m. However, you are welcome to start arriving any time after 4:00 on Friday. Please eat dinner on your own Friday night. (If it is raining, we will start on Saturday morning. If it is still raining hard Saturday morning, the campout is cancelled.) We will be done about 2:00 P.M. on Sunday.

WHAT'S INCLUDED

Your fee includes 5 meals (3 Saturday and 2 Sunday), snacks both nights, Campground usage fee and Parking permission.

WHAT TO BRING

TENT, SLEEPING BAG, PILLOW, WARM CLOTHES, JACKET, SPORTS EQUIPMENT, FLASHLIGHT, POCKET KNIFE, TOOTHBRUSH, WASHCLOTH, TOWEL, BIBLE, RAINCOAT OR UMBRELLA, YARD GAMES, SNACKS

* You may also bring your own cooler with pop, water, etc.

COST IS \$20.00 PER PERSON - PERMISSION SLIP AND MONEY DUE BY WEDNESDAY, September 17 OR SOONER!

QUESTIONS? CALL: Reed Soderstrom (763) 536-3276
Tim Bodkin (763) 536-3222

NHC FATHER/SON CAMP-OUT

Registration/Permission Slip

I give permission for my son _____
to participate in the Father/Son Camp-out, September 19-21, 2008

I _____ (Male adult) also plan to attend.

If not, Please arrange for an adult to chaperone your child and have them sign below.

(Male adult) _____

(Signature) _____

I understand and agree to the following guidelines:

1. I hereby give my permission for medical attention to my child in case of injury, illness or accident; including major surgery. In the event of an emergency, I give my permission to the Brigade Leaders to select a physician to administer proper treatment. I realize I will be contacted at the earliest possible moment in case of such emergency. My phone numbers are:

Home # _____ Cell # _____

2. I hereby release New Hope Church and any other parties from liability in case of injury and/or accident.
3. By signing this document, I give New Hope Church the right to use any photographs taken during the weekend for publications used to promote church ministries.

Medical conditions or allergies: _____

Name of Medical Insurance Co.: _____

Policy Number (and/or Group Number): _____

Parent/Guardian Signature: _____

Cost: \$20.00 per person, due with completed slip by **Wednesday, September 17.**

PD: _____

Date: _____