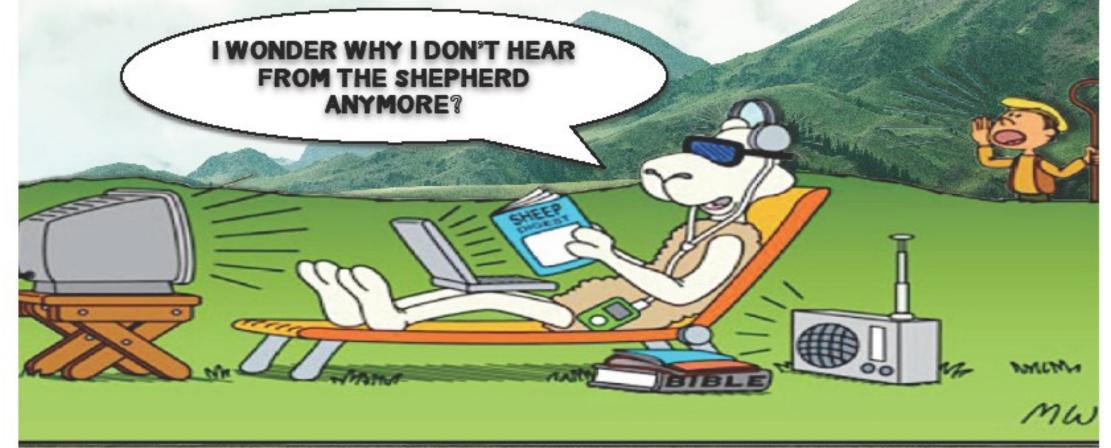
# WHY SHOULD I OBEY GOD? Senior Camp 2017

Date:Monday 2nd – Friday 6th JanuaryPlace:Alexandra Adventure ResortSpeaker:Bro David CottonDirector:Greg Hipworth (0418 310 314)

Age:	13-17 Years	
Cost:	\$150	
RSVP:	20 <sup>th</sup> December 2016	
Hand re	gistration forms to your Pastor	



"I have no greater joy than to hear that my children walk in truth." – 3 John 1:4

#### Seniors Youth Camp 2017 Information

Come along and join us for an exciting week of fun and activities! David Cotton will be our guest speaker for the week.

## Theme: <u>Why Should I Obey God?</u>

*3 John 1:4 I have no greater joy than to hear that my children walk in truth.* 

Where: Alexandra Adventure Resort 43 Murrays Road, Alexandra. Vic. 3714.

**Cost: \$150 per camper**— Includes accommodation, food and activities All monies to be fully paid on first day of camp

Starts: 2.00pm Monday 2nd of January 2017 Finishes: 11.00am Friday 6th of January 2017 Ages: 13—17 Yrs

Camp Director: Greg Hipworth 0418 310 314

Special Activities planned for Thursday Kiwi Swing, flying fox, high ropes course and rock climbing wall. *Activities are dependent on availability of qualified staff.* 

**What to bring:** Clothes (all weather types); bedding; pillow; sunscreen; Soap; towel; Bible; notebook; pen; toothbrush; toiletries; torch; kiosk money.

**What NOT to bring:** Electronic devices (eg: MP3 players, iPods, laptops, etc) mobile pones; firearms; knives; tobacco; alcohol; drugs.

All campers are expected to dress modestly at all times. Coloured T-Shirts and shorts are to be worn over swimming gear. Nice clothes for services would be great as well.

## Seniors Youth Camp 2017 Registration Form

Full Name:	
Date of Birth:///	Age:
Name of Parent/ Guardian	
Address:	
Home Ph:	Mob:
Email:	
Church: Past	or's Signature:

**Privacy Statement:** Crystal Creek Christian Camp is committed to protecting your privacy. We are required by law to protect personal, health and other confidential information. All information is held only to aid C.C.C.C. To help emergency personnel in times of accident or disaster.

#### **Medical Information:**

Please list all medical conditions, allergic reactions, current medications and any food requirements.

-				
	Doctor Ph:			
Medicare Card No				
Private Health Fund and No.				
Health Care Card No				
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In case of emergency, I understand that every effort will be made to contact parents or guardian of campers. In the event that I cannot be contacted, I hereby give permission to the doctor selected by the camp director to hospitalise and secure proper treatment for , and order any injection, anaesthesia, or surgery for my child as named on this form.

Signature of Parent or Guardian .....

Date: .....

Please submit this form to the Pastor of your church by the 20th of December 2016.

Please keep this for your details