

WHY SHOULD I OBEY GOD?

Senior Camp 2017

Date: Monday 2nd – Friday 6th January

Place: Alexandra Adventure Resort

Speaker: Bro David Cotton

Director: Greg Hipworth (0418 310 314)

Age: 13-17 Years

Cost: \$150

RSVP: 20th December 2016

Hand registration forms to your Pastor

**I WONDER WHY I DON'T HEAR
FROM THE SHEPHERD
ANYMORE?**



"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: Why Should I Obey God?

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 dependant 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 phones; 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 ser-
vices would be great as well.

Please keep this for your details

Seniors Youth Camp 2017 Registration Form

Full Name:
Date of Birth:/...../..... Age:
Name of Parent/ Guardian
Address:
Home Ph: Mob:
Email:
Church: Pastor'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 re-
quirements.
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Doctor's Name..... Doctor Ph:.....
Medicare Card No.
Pension Card No.
Private Health Fund and No.
Health Care Card No.

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.