

2019 Free Will Baptist Youth Camp

Camp Hope, Ewing, IL

The **PURPOSE** of this Camp is to . . .

GLORIFY JESUS CHRIST . . .

- *by teaching truths & principles from God's Word.*
- *by providing recreation with Christian influence*
- *by cultivating an appreciation of outdoor life*
- *by promoting fellowship among Free Will Baptists in the state of Illinois.*

The **PROGRAM** of this Camp is . . .

- *Bible Study – Music, Bible, & Missions Classes may be included in the curriculum.*
- *Recreational Activities – games of basketball, swimming, etc. will be scheduled each day.*
- *Chapel Services – each morning and evening services will be held to help us seek God.*
- *Nourishing Meals – campers will be provided with nourishing meals three times a day.*

Pre-Register by May 15th Receive **FREE \$5 Canteen Card** & **Family Plan Discount**

No Money Required to Pre-Register!

Camp Hope

A Ministry of the
Illinois State Association
of Free Will Baptists

www.ilfwb.org/camphope.html

- **Camp Managers –**
Cody & Alisa Hiller



Arrival & Departure

REGISTER – Sunday Afternoon 2:00-4:00pm

GOING HOME – Friday, 12:00 noon

(Primary Camp leaves on Thursday)

Summer Schedule

Schedule your summer family activities around the week of camp that your child will attend by using the schedule of camp weeks below.

Leadership Camp – May 30-June 1

(Training High School Workers)

Director Johnny Hollis

(618) 663-0951

Junior-Senior Camp – June 2-7

(Entering 11th, 12th, & 2017 Graduates)

Director Ernie Lewis

(618) 838-6708

Junior High Camp – June 9-14

(Entering 7th & 8th Grades)

Director Tommy Lewis

(773) 837-2725

Junior Camp – June 16-21

(Entering 5th & 6th Grades)

Director Bryant Harris

(618) 218-2844

Fresh-Soph Camp – June 23-28

(Entering 9th & 10th Grades)

Director Cory Penn

(618) 401-1657

Primary Camp – June 30- July 4

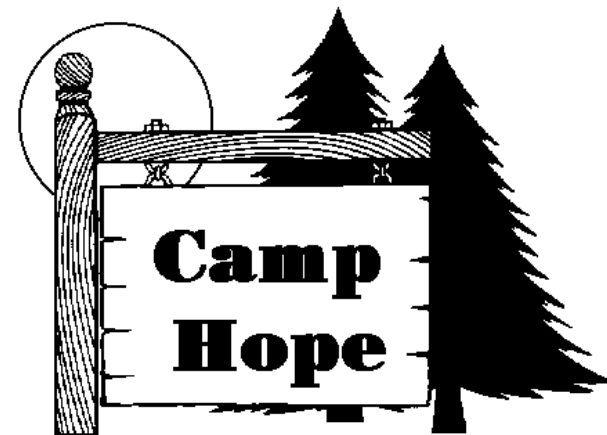
(Entering 3rd & 4th Grades)

Director Brad Ryan

(618) 316-4123

- Insurance Note -

Camper accident insurance will not pay for claims on individuals who are covered by other companies and plans. If your child has no coverage, the camp insurance will take over the claim or pay the deductible from your policy.



16322 Camp Hope Road

Ewing, Illinois 62836

(618) 629-2188

Free Will Baptist Youth Camp

General Director

Ernie Lewis

1176 County Road 1975N

Cisne, Illinois 62823

(618) 838-6708

Pre-Register by

May 15th

for Discounts

No Money Required

Camper Fees

Fee: \$100.00 per camper

Includes: Free CAMP HOPE T-Shirt.

Plus: \$5 Canteen Card if pre-registered.

Money for snacks, a mission offering, group picture, or an additional shirt may be needed.

- Family Plan Discount -

Families who have 3 or more children attending Camp will pay no more than \$250 total for all family members **if all are pre-registered**. First Child - \$ 100.00 Second Child - \$ 100.00 Third Child - \$50.00 (The Rest are Free!)

- WHAT TO BRING -

Pillows & Sheets or Sleeping Bag & Pillow
Towels-Soap-Bath Cloths-Shampoo-Toiletries
Extra Shoes-SwimSuit-Shower Sandals
You may want one 'old outfit' that can get stained!

- CAMP RULES -

1. Cooperation and Participation is expected by everyone.
2. Anyone leaving camp must notify the Director.
3. Anyone bringing alcohol, tobacco, drugs, or pornography to camp will be expelled immediately.
4. Radios, cell phones, I-pads, I-pods, etc. are prohibited.
5. Campers driving a vehicle must park it, lock it, and turn in the keys to the director.
6. Boys and Girls will have separate swim times.
7. **DRESS CODE:** Girls are expected to wear slacks, jeans, or a dress or skirt to evening services.
Boys are expected to wear slacks or jeans with appropriate shirts to evening services.
ALL APPAREL worn at other times must be modest, loose-fitting, and at least knee length.
NO short shorts or tank tops are allowed at camp.
Girls must wear one-piece swimsuits or wear a t-shirt over the top of their 2-piece suit when swimming.
Any clothing displaying rock stars, alcoholic beverages, vulgarity, or offensive material is prohibited!
8. Any person(s) visiting the camp while in session, will be asked to abide by the current schedule and all rules.
VISITORS should give \$3.00 per meal attended.
9. Cell Phones must be surrendered upon arrival and will be returned when the camper goes home on Friday.
(Campers may want to bring a camera.)

- Special Health Policy -

Each Camper will be checked for any kind of Health Risk or Nuisance by qualified personnel before they can move into the dorms. Admittance may be denied upon findings.

Camper Application

Camp Use Only: Date Rec'd _____

Please read camp rules in this brochure before filling out this form.

- **Do Not Use this form for Leadership Camp** (A Separate Form is Available)
- **T-Shirt Section (below) must be filled out to receive free shirt**
- **Check Week of Camp you Will Attend** (Grades Refer to Next School Year)

Primary (3rd-4th Grade) Junior (5th-6th Grade) Junior High (7th-8th Grade)

Freshman-Sophomore (9th-10th Grade) Junior-Senior (11th-13th Grade)

NAME _____ Birth Date _____ AGE _____ Sex _____

ADDRESS _____ City _____ ST _____ Zip _____

CHURCH _____ City _____ ST _____ Zip _____

CAMPER'S E-MAIL ADDRESS _____

Do you want an 8 X 10 Group Picture of your week of camp for \$5.00 Yes No

School Grade (entering this fall) _____ Are you using the Family Plan? _____ (If yes, list other family members attending camp) _____

Are you a First-Time Camper Yes No (Campers may only attend 1 week with their age group)

MEDICAL INFORMATION: Does Camper have any health problems that require medicines or a special diet? _____ (If yes, then attach explanation for our nurse)

CAMPER, Will you be taking medication during camp stay? _____ Will you have medicines with you at camp? _____ List medications: _____ (Medicines Must be in Prescription Bottles)

Are you Allergic to Bee Stings Wasp/Hornets Insect Bites Other _____

PARENT, do you give permission for your child to be treated for injuries? _____*

[*NOTE: We hope to provide a safe camping experience for your child. Should an illness or injury occur, every effort will be made to contact you, but we need your permission to treat medical emergencies.]

Signature of Parent _____ (or Legal Guardian) _____

EMERGENCY PHONE NUMBER: Home _____ Work _____ Cell _____

Family Physician's name _____ Doctor's Phone _____

Special Instructions _____

CAMPER, do you agree to abide by the rules & dress code and cooperate fully with camp personnel?

Camper's Signature _____

T-Shirt Order Blank – One Free T-Shirt Per Paid Camper

The T-Shirt can be picked up during the week the camper registers and pays fees. (Add'l Shirt \$8.00)

CHECK PROPER SIZE: **Youth Sizes . . .**

Small (6-8) Medium (10-12)

Large (14-16)

Adult Sizes . . .

Small (34-36) Medium (38-40)

Large (42-44) X-Large (46-48)

XXL (\$2 Extra)

(Please clip application and return to address below. Keep Remainder for your information.)

Return Completed Form to: **CAMP HOPE, 1176 County Road 1975N, Cisne, IL 62823**