**“God of Wonders”**

Nehemiah 9:6 You alone are the Lord. You made the heavens, even the highest heavens, and all the starry host….. (NIV)

Chester County Christian Endeavor Fall Rally

Camp Sankanac, 68 Bertolet School Rd, Spring City, PA 19475

Overnight Camp for Juniors 1st – 6th Grades

Date: Friday, April 26 & Saturday, April 27, 2019

Arrive: 7:30pm Friday Depart: 1:00pm Saturday

Cost: $40 per Camper/Leader/Parent (2nd person of family $20, 3rd person free)

\***Parents are welcome to come & stay overnight with your child**. **Everyone must have Background Clearances**.

**Things to Bring**: Bible, Sleeping Bag/Blankets, Pillow, Flashlight, Toothbrush/Paste, Towel/Washcloth, Soap, Change of Clothes/Shoes (in case of rain), Jacket/Sweatshirt. **NOTE: Please provide (18 yrs or older) male & female leaders for your group. We respectfully request children stay for the entire program**.

Registration Form

**Please make Check Payable to**: Chester County CE **Cost** $40.00 **Due:** Tuesday, April 16, 2019

Mail To: Amy Styer, PO Box 803, Morgantown, PA 19543 Contact: [amy.lu.styer@gmail.com](mailto:amy.lu.styer@gmail.com) Ph: 484-332-7193

Please Print: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Grade\_\_\_\_\_\_\_ Boy or Girl\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(FRI Evening to SAT Morning)

Medical/Food Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_My child my receive Tylenol if they request it. \_\_\_ My child may receive Benadryl.

I authorize my child to participate in this Christian Endeavor Activity. Further, in the event I cannot be reached and my child requires Emergency Medical care, I authorize a representative of Christian Endeavor to obtain appropriate medical care from a licensed and qualified facility or individual.

Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be on my most excellent behavior, participate in all planned activities, and to honor the decisions of those in charge.

Camper Signatue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_