

# HERITAGE BAPTIST CHURCH

## Family Camp 2010

YOU ARE INVITED TO COME WITH US TO



IN BEAUTIFUL BERKS COUNTY PENNSYLVANIA  
LOCATED IN THE BLUE MOUNTAINS

**COST: \$45.00 PER PERSON**  
**\$40.00 PER FAMILIES (TWO OR MORE)**  
(PRICE INCLUDES MEALS AND HOUSING)

**DATE: APRIL 23<sup>RD</sup> & 24<sup>TH</sup>**

- ARRIVAL: FRIDAY EVENING (SUPPER SERVED)
- DEPARTURE: SATURDAY AT 4:00 P.M.

### THE PROGRAM INCLUDES:

- GOD HONORING PREACHING
- GOD HONORING MUSIC
- ORGANIZED ACTIVITIES
- TREMENDOUS FOOD
- MUCH FUN
- ENJOYABLE FELLOWSHIP
- GAME ROOM & NEW CABINS



# Map to Camp Calvary



Pastor Matthew Recker  
Cell: 917-903-3771

## What To Bring:

Bedding (sleeping bag or blankets), pillow, towels, toiletries, Bible, pen and notebook, camera, sports clothes for activities, shorts for water activities (weather permitting), spending money, jacket, flashlight, warm clothes, extra socks.

## Do Not Bring:

Tobacco, alcoholic beverages, drugs, radios, tape, MP3 or CD players, TV's, magazines, fireworks, knives of any kind, firearms, immodest clothing or clothing with inappropriate stenciling.

Activity Sponsored by Heritage Baptist Church of New York City

## Camp Registration Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade in School \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Any Allergies, Respiratory Trouble or Heart Trouble? If so list: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Medicine taken regularly \_\_\_\_\_

Doctor's Name & Number \_\_\_\_\_

In case of medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for, and order injection, anaesthesia, or surgery for my child as named above.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_