

# St. Mary of Egypt Orthodox Summer Camp 2012 Camper Registration Instructions for ages 9-17

Tina Hippner, Registrar  
PO Box 2534  
Ferndale, WA 98248  
(360) 650-0931  
FAX (951) 848-6260  
[stmaryscampreg@gmail.com](mailto:stmaryscampreg@gmail.com)

All forms and information available at <http://www.campstmary.org>.

## Steps to Complete Camper Registration:

Congratulations! If you are receiving this packet, you have already successfully registered your child online for St. Mary of Egypt Camp. In addition, please make sure you have **SENT in your non-refundable deposit of \$75 per camper**. (Please note: Spots are NOT held until your non-refundable deposit is received. We expect to fill-up quickly and have a Wait List, so please send your deposit right away to secure your child/children's spots. We will not deposit your check until we secure a spot for your child/children.) Please fill out the following pages and return to the Registrar as soon as possible with remaining balance due; they **must be returned by June 1, 2012**.

### To Be Mailed Checklist:

- Health History Form + Medical Release** (please sign release pg 3)
- Copy of your health insurance card** (front and back, attached to Health Forms)
- Camp Rules Form** (each line **initialed** by BOTH parent and camper – please read thoroughly)
- Special Ross Point Liability Release** (signed at top to opt out or at bottom)
- Payment for remaining balance due on Registration** (see chart below)
- All forms and payments are **DUE by June 1, 2012**, but please mail them as soon as possible
- Please use a LARGE envelope and correct postage** (approximately \$1.22 for one camper's paperwork or at least 3 stamps – ADD MORE if sending paperwork for more than one camper).

### Also included:

- Packing List** (also found in the Camper Handbook which will be emailed to you on 4/1/12)
- Directions to Ross Point Camp and Conference Center in Post Falls, Idaho**

These pages are informational and do not need to be sent back.

### Dates to Know:

Early Bird Registration Deadline:	April 1, 2012	Total registration cost \$345 per camper
After April 1 <sup>st</sup> , registration increases:		Total registration cost \$370 per camper
Late Registration Deadline:	June 1, 2011	No registrations taken after this date.
ALL forms + payments DUE:	June 1, 2011	Please send in as soon as possible.
Refund for cancellation deadline:	June 1, 2011	Refund minus deposit.

### Costs:

Registration Non- Refundable Deposit	\$75	<b>Mail in after registering online.</b>
Camper Early Bird Registration:	\$270 (AFTER \$75 deposit)	Registered by April 1, 2012.
Camper Registration after April 1 <sup>st</sup> :	\$295 (AFTER \$75 deposit)	Registered after 4/1, but before 6/1/12.
Priest's Families:	Please contact Director.	<a href="mailto:directorcampstmary@gmail.com">directorcampstmary@gmail.com</a>

### Cancellations:

Please notify us as soon as possible if you need to cancel, as we expect to fill up quickly and will have a Wait List eager to get in. If you cancel BEFORE June 1, 2012, we will refund your registration fees, minus the non-refundable deposit. After June 1<sup>st</sup>, if we can fill your spot, we will attempt to get you a partial refund.

**Questions?** If you have any questions, problems, need clarification, please contact our Registrar:

**Tina Hippner, Registrar**  
P.O. Box 2534  
Ferndale, WA 98248  
(360) 650-0931  
[stmaryscampreg@gmail.com](mailto:stmaryscampreg@gmail.com)



**St. Mary of  
Egypt Camp**

**Return by June 1, 2012  
(or before) with final payment.**

Tina Hippner, Registrar  
PO Box 2534 Ferndale, WA 98248  
Phone: 360-650-0931 Fax: 951-848-6260  
stmarycampreg@gmail.com

For Camp Use Only  
Cabin # \_\_\_\_\_

## 2012 Health History + Medical Release

Name: \_\_\_\_\_  
Last First MI

Age while attending camp: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_  
Street Address City State Zip

Custodial parent/guardian(s):  
 Name \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Name \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Relationship to Camper : \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of family dentist/orthodontist \_\_\_\_\_ Phone: \_\_\_\_\_

Is the participant covered by family medical/hospital insurance? *(Please check one of the boxes below.)*  
**A photocopy of the front and back of your health insurance card must be attached to this form.**

Yes Carrier or plan name: \_\_\_\_\_  
 Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_  
 Insurance Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

No

### Health History & Information

The following information must be filled in by the parent/guardian, or adult camper staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp.

#### IMMUNIZATIONS:

When did the attendee receive their last Tetanus shot? \_\_\_\_/\_\_\_\_/\_\_\_\_. We recommend attendees have up-to-date immunizations for the following: TB, DTaP, Hep A, Hep B, HIB, MMR, Polio, and Varicella. Is attendee current on all immunizations? YES NO (circle)

#### ALLERGIES: Please describe reaction and management of reaction.

Medication Allergies	Specific Reaction and Management/Treatment
_____	_____
_____	_____
Food Allergies	Specific Reaction and Management/Treatment
_____	_____
_____	_____
Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)	Specific Reaction and Management/Treatment
_____	_____
_____	_____

#### MEDICATIONS: Please list all medications currently being taken. Meds must be brought to camp in original, labeled container.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_  
 Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

**Attach additional pages for more medications.**

Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_  
 \_\_\_\_\_

**OVER-THE-COUNTER MEDICINES:**

Please circle Yes or No next to each over-the-counter medication that your child is permitted to take.

Tylenol Products	Yes	No	Pepto Bismol	Yes	No	Antacids	Yes	No
Ibuprofen Products	Yes	No	Cough Syrup	Yes	No	Antiseptic Throat Spray	Yes	No
Dimetapp Products	Yes	No	Cough Lozenges	Yes	No	Sterile Eye Irrigate	Yes	No
Mucinex Products	Yes	No	External Ointments,	Yes	No	Sudafed	Yes	No
Benadryl	Yes	No	Sprays, Lotions					

**GENERAL QUESTIONS** (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had joint problems		
2. Have a chronic or recurring illness/condition?...	<input type="checkbox"/>	<input type="checkbox"/>	(i.e., knees, ankles)?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance		
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	being brought to camp?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems		
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	(i.e., itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past year?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Ever had an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal		
13. Ever had chest pain during or after exercise?...	<input type="checkbox"/>	<input type="checkbox"/>	menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional difficulties for		
15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>	which professional help was sought?....	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions. (Use additional pages if necessary.)

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**OTHER CAMPER INFORMATION:**

We want your camper to have the best possible experience while at St. Mary of Egypt. All information is regarded as STRICTLY CONFIDENTIAL and will only be shared with staff who work with your camper and other necessary personnel (Camp Director, Nurse, Food Service Director, etc.) as appropriate.

- Are there special fears, worries or concerns your child has about camp (extreme shyness, afraid of the dark, etc.)?

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- Are there circumstances in your child's life that would be helpful for us to be aware of (i.e., death of a close relative, divorce, or other family trauma, etc.)? Please provide relevant details.

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- My camper is under the legal custodial care of:  Both Parents  Mother only  Father only

Other \_\_\_\_\_ Please provide all relevant details: \_\_\_\_\_

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- Sleep Habits:  Sleep walks  Wets bed  Other: \_\_\_\_\_
- Has the camper ever been away to overnight camp before?  Yes  No
- Has the camper been away from home for more than two consecutive days?  Yes  No
- Dietary restrictions:  None  Vegetarian  Other: \_\_\_\_\_

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS AND AGREEMENT**

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by the St. Mary of Egypt Camp and Ross Point and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the St. Mary of Egypt Camp, Ross Point, the Antiochian Orthodox Christian Archdiocese, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I agree that my child will abide by all the rules and guidelines set forth by St. Mary of Egypt Camp for the safety and good health of the campers at camp. I also agree that if my child has to return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, St. Mary of Egypt Camp, Ross Point, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for trips out of camp.

I hereby agree to indemnify and hold harmless St. Mary of Egypt Camp, Ross Point, the Antiochian Orthodox Christian Archdiocese, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident of injury occurring to me or my child.

I give permission for my child to participate in all camp activities, except the following (please list reason for each activity denied):

Activity	Reason for Denial of Permission
_____	_____
_____	_____

**Signature of parent/guardian or adult camper/staff:** \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

***Please complete entire form set (5 pgs)***

***SIGN pages 3, 4 & 5***

***(including Medical Release, Camp Rules, Special Liability Release).***

***Send with copy of your insurance card and***

***final payment by June 1, 2012.***

***Return to:***

***Tina Hippner, Registrar***

***PO Box 2534***

***Ferndale, WA 98248***

***Questions:***

***stmaryscampreg@gmail.com***



# St. Mary of Egypt Orthodox Summer Camp 2012 Camp Rules

Tina Hippner, Registrar  
PO Box 2534  
Ferndale, WA 98248  
(360) 650-0931  
FAX (951) 848-6260  
[stmaryscampreg@gmail.com](mailto:stmaryscampreg@gmail.com)

(All camp attendees must complete this form)

Attendee Name: \_\_\_\_\_

Parent/Guardian + minor  
initial each rule please.

## GOD'S RULES

		Parent	Child
1	"You shall love the Lord your God with all your heart, with all your soul and with all your mind. This is the first and great commandment. And the second: You shall love your neighbor as yourself." (Mt 22:37-39)	_____	_____
2	"So in everything, do unto others what you would have them do to you..." (Mt 7:12)	_____	_____
3	The Ten Commandments (Ex 20:1-17) – Look them up if you don't know them!	_____	_____

## CAMP RULES

All campers and staff should live and act in a manner fitting for an Orthodox Christian.

**Basic Rule:** Respect! Respect God, those in authority, your counselor, each other, the camp, and yourself.

		Parent	Child
1	You will be expected to do as you are asked by those in authority (Camp Director, Priest, Speaker, Counselors, and Camp Staff)	_____	_____
2	When someone is speaking, you must be quiet and listen.	_____	_____
3	Dress modestly. (Please see Camper Handbook for specifics.)	_____	_____
4	All campers (as well as Staff) will be expected to treat everyone with respect as their brother and sister in Christ (as per St. Paul's direction in 1 Tim 5: 1-2). Therefore, any exclusive pairing off as a couple, or encouragement of this behavior (through talking about "crushes," gossiping about "he likes"/"she likes", etc.) is also unacceptable.	_____	_____
5	Smoking/cigarettes, alcoholic beverages, and drugs are not permitted.	_____	_____
6	Knives, lighters, matches, and other dangerous items are not permitted.	_____	_____
7	Fighting is not permitted, including rough housing which might damage property or hurt smaller people.	_____	_____
8	Swearing will not be tolerated.	_____	_____
9	Raiding of cabins is not permitted; raiding items are not permitted (shaving cream, etc.)	_____	_____
10	Absolutely NO pranks of any kind will be allowed – on your cabin mates, other cabins, siblings, etc. There is zero tolerance on not respecting others and their property.	_____	_____
11	Taking anything that is not yours without permission is stealing and is not permitted.	_____	_____
12	Do not deface, dismantle, or destroy camp property or anything that belongs to someone else.	_____	_____
13	All medications (prescription, herbal, and over-the-counter) MUST be given to the medical office for dispensing by the doctor or nurse on site.	_____	_____
14	All campers must remain at camp for the entire camp session. No in-and-out for other activities.	_____	_____

## CAMP FACILITY RULES

		Parent	Child
1	Alcohol, drugs and smoking are not permitted.	_____	_____
2	Firearms (including archery equipment outside of camp-directed field games, paintball, BB/Pellet, water guns, slingshots, etc.) and fireworks are not permitted.	_____	_____
3	Camp fires are permitted only in designated area at direction of Camp Director.	_____	_____
4	The signal bell will be used only by the Camp Director or in case of fire.	_____	_____
5	Fire alarms and extinguishers are for emergency use only.	_____	_____
6	No pets allowed.	_____	_____

While disciplinary action will be taken to attempt resolution on site, the Camp Director reserves the right to dismiss attendees for gross or repeated violation of camp rules. Parents/Guardians will be responsible for their child's early departure, including for paying for and arranging transportation. If you have questions regarding our policies, please contact the Camp Director before signing: [directorcampstmary@gmail.com](mailto:directorcampstmary@gmail.com)

**Ross Point** has a **Climbing Tower** which we will make available as an **OPTIONAL activity** some afternoons. They have special staff trained to oversee participants. If you want to allow your child the **OPTION** of using the Climbing Tower, the **Special Ross Point Liability Release below MUST be signed**. (We highly recommend signing this, even if your child is unsure; any child without a signed release will not be allowed to participate.)

Please fill out and **SIGN both Sections A + B below**. OR if you do not allow your child the option of participating in the Climbing Tower, please sign here. \_\_\_\_\_

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK FOR ROSS POINT**

In consideration of the services of Ross Point Camp & Conference Center (as well as St. Mary of Egypt Camp and the Antiochian Orthodox Christian Archdiocese), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Ross Point"), I hereby agree to release, indemnify, and discharge Ross Point, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in climbing tower and/or challenge course activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Ross Point programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in challenge course activities and its potential for: slips, falls, and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity, there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated disease. Furthermore, Ross Point trainers, instructors, and facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities; they might misjudge the weather. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Ross Point from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Ross Point's equipment or facilities, **including any such claims which allege negligent acts or omissions of Ross Point**.
4. Should Ross Point or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have and I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Ross Point on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.**

**A. Signature of Participant or Legal Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**B. [THIS SECTION ONLY FOR THOSE UNDER 18]**

**PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (**print minor's name**) ("Minor") being permitted by Ross Point to participate in its activities and to use its equipment, I further agree to indemnify and hold harmless Ross Point from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

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

Printed Name: \_\_\_\_\_



# St. Mary of Egypt Orthodox Summer Camp 2012 Camper Packing List

(Also found in the *Parent+ Camper Handbook* to be emailed to each camper on April 1, 2012.)

Tina Hippner, Registrar  
PO Box 2534  
Ferndale, WA 98248  
(360) 650-0931  
FAX (951) 848-6260  
[stmaryscampreg@gmail.com](mailto:stmaryscampreg@gmail.com)

## BRING TO CAMP

- ❑ Bible
- ❑ Reusable Water Bottle (mandatory!)
- ❑ Sunscreen + Lip Balm
- ❑ Bedding
  - ❑ Sleeping Bag or Bed Roll
  - ❑ Bottom fitted sheet
  - ❑ Pillow
- ❑ Flashlight (mandatory!)
- ❑ Optional Items:
  - ❑ Camera
  - ❑ Journal
  - ❑ Night light
- ❑ Hairbrush/Comb
- ❑ Toothbrush + paste
- ❑ Soap
- ❑ Shampoo
- ❑ Personal Hygiene Products
- ❑ Towels (minimum of 3)
  - ❑ At least one bath towel
  - ❑ One beach towel
  - ❑ One wash cloth
- ❑ Modest Clothing for 6 days
  - ❑ Appropriate for the time of year, current weather, etc. including hat, underwear, socks, shirts, shorts, pants, skirts, sweatshirts, pajamas, jacket, etc.
  - ❑ Shoes appropriate for field games, closed toe.
  - ❑ Optional: water shoes for shower

## DO NOT BRING TO CAMP

- Cell phones\*\*, two-way radios, etc.
- Computers, DVD players, Laser pointers
- Electronic games (DS, Gameboy, PSP, etc.)
- Digital music players (I-Pods, mp3 players, etc.), CD players, radios, etc.
- Dangerous items (knives, axes, fireworks)
- Two-piece swimsuits (girls) **See note below.**
- Food, candy, gum, etc.
- Any items of value (cash, jewelry, watches, expensive clothing, etc.)
- Open-toed footwear (flip flops, open toe sandals, peep-toe shoes, etc.) for safety reasons.
- Any illegal substances, alcohol, tobacco, etc.

## \*DRESS CODE

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While camping is informal, Christian modesty should be considered when packing for camp.

Clothing such as short-shorts or mini-skirts (**while standing, arms at sides, the hem of your shorts/skirt should meet or extend beyond your fingertips**), half-shirts, tube tops, halter tops, spaghetti-strap t-shirts, muscle shirts, tank tops, bikini, monokini, tankini swimsuits, etc., are **inappropriate and not permitted**. Bare midriffs are not permitted. All swimsuits should be carefully chosen to ensure the camper can participate in lake/water activities. Keep in mind your goal is to have fun and be safe, not “dress to impress.” So keep it casual and modest please.

Although dress for daily worship services is casual, clothing worn for the Divine Liturgy should be appropriate (free of inappropriate language and entertainment - sports, music groups, etc. - or advertising graphics): long pants and a nice shirt for boys; a modest dress or skirt and blouse for girls.

## \*\*CELL PHONES

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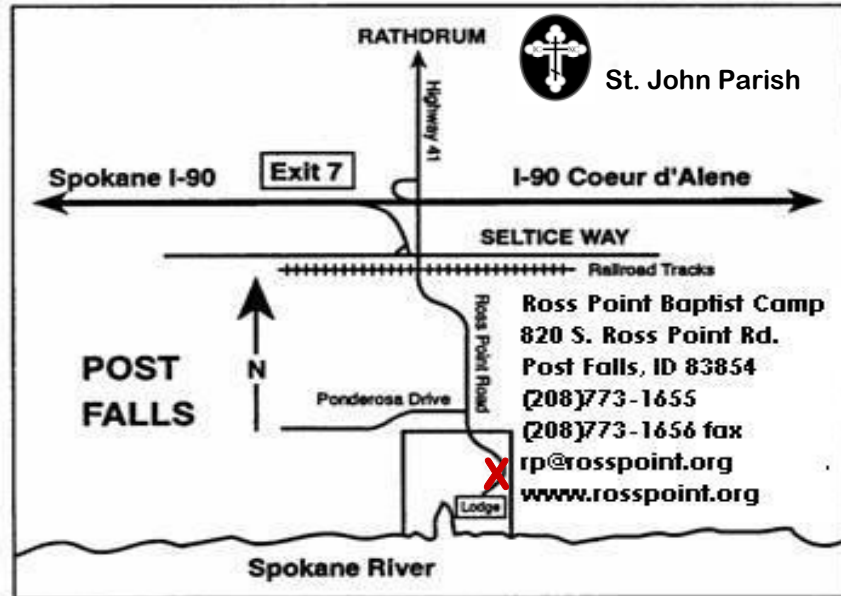
Campers are not permitted to have cell phones at camp, for any reason, including to be used as an alarm. If discovered, they will be held by Staff and returned at the end of camp.



**St. Mary of Egypt Orthodox  
Summer Camp 2012**  
**Directions to Ross Point Camp**  
**Post Falls, Idaho**

All forms and information available at <http://www.campstmary.org>.

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## Take I-90 to Post Falls, Idaho

**From the west**, take exit 7 and stay in the middle lane. At the light at Seltice Way, turn left (east) and stay in the right hand lane. Turn right at the first light, which is Hwy 41 north and Ross Point Rd going south. After 3/4 mile, the road turns to the left and in that turn, the camp entrance is on the right. Follow the gravel road for 1/4 mile to the main parking area.

**From the east**, take exit 7 and stay in the right hand lane. Turn right (south) at the light on Hwy 41. Go through the intersection at Seltice Way and continue on Ross Point Road. After 3/4 mile, the road turns to the left and in that turn, the camp entrance is on the right. Follow the gravel road for 1/4 mile to the main parking area.