

List all food allergies or dietary restrictions:

Briefly list all medical conditions:

Are there any circumstances or behaviors in your child's life that we should be aware of?

I understand that if my child is registered for camp this summer, I will receive the Camper/Parent Packet, which will include important information to prepare myself and my child. I agree to review this material with my child and return the detailed completed Health Information Form by June 15, 2008. I have read, understand and agree to all the registration instructions given in this brochure. Enclosed is a non-refundable deposit of \$50.00 made payable to St. Mary of Egypt Orthodox Camp.

Signed _____ Date _____

Name _____

Relationship to Camper _____

Send completed registration form and non-refundable deposit of \$50 (US funds) to:

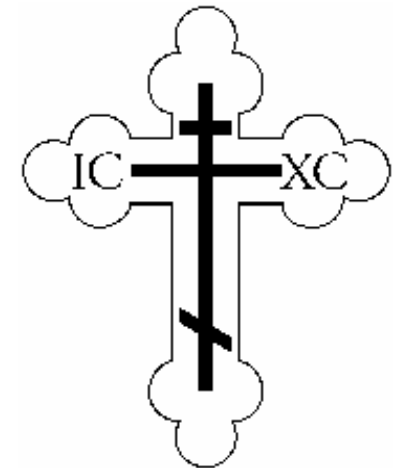
St. Mary of Egypt Orthodox Camp
c/o Joy Wise, Registrar
9516 192nd St. NW
Stanwood, WA 98292

The Fine Print. Please Read

- Health insurance is REQUIRED of all campers in attendance at camp. While the camp will act as a guarantor, any costs incurred by the camp in providing required treatment, doctor's appointments, prescriptions etc. will be billed to the parents.
- A camper package will be sent to campers upon confirmation of registration. This package will include directions to the camp, what to bring and what not to bring, and a detailed health form. Signed forms MUST be returned to the Registrar by June 1, 2008 or camper will lose their spot.
- The base age range for camp is 8 to 14. Exceptions may be made on a case-by-case basis if room allows and at the discretion of the Camp Director in consultation with the parents and/or the parish priest.
- Campers are grouped according to age and gender. There is a spot on the registration form for campers to list a cabin mate. Assignments are at the discretion of the Camp Director – we may not be able to grant all requests for cabin mates.
- Camper check-in will take place from 2-3 pm on Monday, July 14th, 2008. Campers must be picked up at 1 pm on Saturday, July 19th, 2008. Campers are not allowed to leave early.
- All campers are expected to act in ways appropriate to an Orthodox setting. While disciplinary action will be taken to attempt resolution on site, the Camp Director reserves the right to dismiss campers for gross violations of camp rules. Parents will be responsible for arranging and covering costs for their child's early departure.
- Please note that while camping is informal, Christian modesty should be maintained at all times and therefore campers should dress appropriately.

St. Mary of Egypt Orthodox Summer Camp

*July 14-19, 2008
Liberty Lake, WA*



*Sponsored by the
Parishes of the Northwest
Deanery of the Antiochian
Orthodox Christian Archdiocese*

St. Mary of Egypt Orthodox Summer Camp 2008

Who? Anyone ages 8 to 14.

When? Monday, July 14 through
Saturday, July 19, 2008

Where? Zephyr Conference Center
Liberty Lake, WA
(at the Idaho/Washington
State Line on I-90)

What? Camp program includes
daily services and prayers,
plus MANY fun activities:

- ◆ swimming
- ◆ canoeing
- ◆ field sports
- ◆ group games
- ◆ arts & crafts
- ◆ and much more!

How Much?

If registration is received:

By April 15 th	\$170.00
By May 31 st	\$180.00
After May 31 st	\$210.00

Campers are registered on a first-come, first-serve basis according to postmark date. Health forms and balance of fees is due by June 1st, 2008. There are a limited number of spots available so register early. We would appreciate prompt notification if a camper must cancel.

To register: Complete registration form, detach and mail along with a non-refundable deposit of \$50 to:

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9516 192nd St. NW
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For further information, please
visit our website at:
www.campstmary.org
or contact

Sbdcn. James & Helen Robinson
at 360-658-7244 or email us
CampSt.Mary@gmail.com

Registration Form

Camper's Name: _____

Preferred First Name _____ Last Name _____

Legal First Name (if different) _____

Birth date ____/____/____
month day year

Age at camp ____ Male ____ Female ____

T-shirt size Youth S M L Adult S M L XL
(circle one)

Patron Saint _____

Namesday _____

Parish _____

Camper's Address: _____

City _____ State _____

Zip _____

Email _____

Phone (____) _____

Father's Name _____

Father's Phone (____) _____

Mother's Name _____

Mother's Phone (____) _____

Cabin Mate Request: _____

Please Complete Both Sides