

Office Use Only

Date Rec. _____

Number: _____

Amount Rec. _____

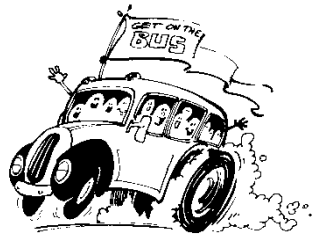
Due: _____

Cottage Grove Day Camp

How will your Child be getting Home?

For the safety of your child we will want to know who is authorized to pick them up:

- My child will be walking home on their own.
- My child will be picked up by one of the people listed below.



Send your registration with deposit to:

Child Evangelism Fellowship

PO Box 71635

Springfield, OR 97475

Questions, please call: 541 342-8682



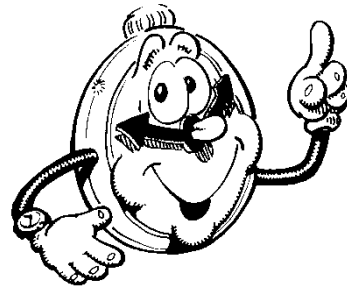
Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide™

Child Evangelism Fellowship, Inc. is a basic Bible believing Christian missionary organization designed to reach children with spiritual training by means of Good News Clubs®, Released-Time Bible classes, correspondence courses, summer camps, 5-Day Clubs®, and fairs.

Register Early!!



Camp is limited
to the first
110 campers with
completed registrations!

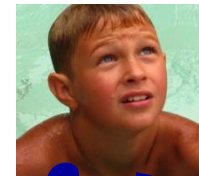
Contact:
CEF/Good News Day Camp
541 342-8682



COME JOIN US FOR CAMP DISCOVERY

July 10 - July 14, 2017
8:30 am - 4:15 pm

Stories



Swimming

Games

Crafts



Good News Day Camp

July 10 - July 14, 2017

Monday-Friday, 8:30-4:15

Good News Day Camp is held at Cottage Grove Bible Church, 1200 E Quincy Ave.

Who Can Come?

Any child having completed 1st grade Through those entering 6th grade

How Much does it Cost?

\$25 per child, if pre-registered by June 1, 2017

\$35 per child registered after June 1, 2017

What to Bring to Camp?

Your Smile! ☺

Sack Lunch (snacks and drinks will be provided)

Jacket,

One Piece swim suit, and towel

Wear sturdy play clothes

Have Camper's Name on ALL belongings!

Some partial scholarships are available, contact us for application!

CEF/Good News Day Camp, PO Box 71635, Springfield, OR 97475 Ph. 541 342-8682

C.G. REGISTRATION FORM 2017

Please use ONE form for EACH CAMPER.

Enclose a \$15 non-refundable deposit (per camper). Your deposit will be applied to the total cost of camp. Make checks payable to CEF-Camp.

Boy Girl

Camper's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work: _____

Emergency: _____

Date of Birth: Mo.: _____ Day: _____ Year: _____

Grade this coming fall: _____

Allergies: YES NO If yes, please list:

Medication your child will need to take during camp:

Date of last Tetanus Immunization: _____

Doctor: _____ Phone: _____

Parental Release and Permission

"I, the parent or legal guardian of the above named camper, do hereby give permission to the camp staff to secure medical treatment for my child. I, the parent or legal guardian of the above named camper, do hereby give permission for my child's picture or likeness to be used for Child Evangelism Fellowship promotion and advertising."

Parent Signature _____

Parent Name (Please Print)

Date

Please fill out the reverse side of this form!

