

## Office Use Only

Date Rec. \_\_\_\_\_

Number: \_\_\_\_\_

Amount Rec. \_\_\_\_\_

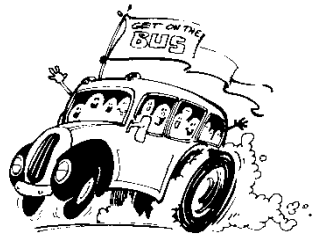
Due: \_\_\_\_\_

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



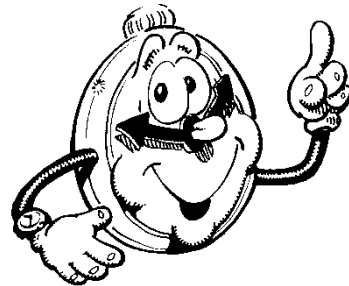
Since 1937

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

# Cottage Grove Good News Day Camp

## Come join us for:

**Crafts**      **Water games**

**Stories**      **And More...**

**July 8 - July 12, 2019**  
**8:30 am - 4:15 pm**



# Good News Day Camp

July 8 - July 12, 2019  
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 1<sup>st</sup> grade Through those entering 6<sup>th</sup> grade

## How Much does it Cost?

\$20 per child, if pre-registered by July 1, 2019  
\$35 per child registered after July 1, 2019

**Stories**

## What to Bring to Camp?

**Water games**

Your Smile! ☺

Sack Lunch (snacks and drinks will be provided)

Jacket,

One Piece swim suit, and towel

Wear sturdy play clothes

**Games**

**Crafts**

## 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 2019

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!**

