

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

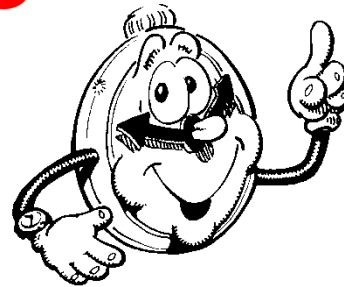
Springfield, OR 97475

OR

Register online at: cefdaycamp.com

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
75 campers with
completed registrations!

For more information:
Child Evangelism Fellowship
541 342-8682

**Cottage Grove
Good News
Day Camp
July 8-12, 2024**

Stories **Swimming**
Games **Crafts**
And More...

Good News Day Camp

July 8 - July 12, 2024

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 Kindergarten Through those entering 6th grade

How Much does it Cost?

\$25 per child, if pre-registered by June 22, 2024

\$35 per child registered after June 22, 2024

Games

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

Swimming

Crafts

Stories

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 2024

Please use ONE form for EACH CAMPER.

Enclose a \$10 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!