

### 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.

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Send your registration with deposit to:

Child Evangelism Fellowship

PO Box 71635

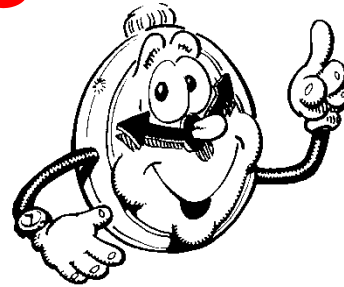
Springfield, OR 97475

OR

Register online at: [cefdaycamp.com](http://cefdaycamp.com)

Child Evangelism Fellowship, Inc. is a basic Bible believing Christian 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



# Good News Day Camp

July 6th - July 10th, 2026

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 6<sup>th</sup> grade

## How Much does it Cost?

\$25 per child, if pre-registered by June 22, 2026

\$35 per child registered after June 22, 2026

Games

Crafts

## What to Bring to Camp?

Your Smile!

Sack Lunch

(snacks and water 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

Swimming  
Stories

## C.G. REGISTRATION FORM 2026

Or register online @ [cefdaycamp.com](http://cefdaycamp.com)

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!**