

Family Camp First Weekend after Labor Day

\$20 per person \$80 Immediate Family Max

Registration Card for (Family Name) _____

Please Pre-register by mailing this form back to the camp ASAP. You may wait and pay at check in. Mail to: MVCSC, 24201 State Route 100, Pittsfield, IL 62363

Audio/Visual Release

I give MVCSC permission to record and use still photographs or audio/video recording of myself/son/daughter. I agree and understand that such material may be used in an informational and educational manner for the purpose of promoting MVCSC. I understand that any images of myself/son/daughter will be presented in a manner such that there will be no infringement of my/his/her privacy and that the utmost respect will be shown in the use and presentation of such material.

Parent's Signature:

For Office Use Only

Amount Paid _____

Credit Card _____

Date Received _____

Church to Pay _____

If church is to pay please send or bring a signed voucher, letter or check from the church to this form

What to Bring:

Clothing: Modest clothing for classes, recreation, evening, rain gear, sweater/jacket. While choosing your clothing for camp, please remember that **modesty** is the key. **Please, no bikinis, short shorts, halter tops, etc.**

Bedding: single sheet, pillow with case, blanket and/or sleeping bag

Personal Items: Bible, towels, washcloth, soap, shampoo, toothpaste, toothbrush, comb, hairdryer, sunscreen, notebook, pen/pencil.

CANTEEN/WATERBOTTLE

Money: Offerings will be taken.

Medication – you are responsible for your own family's medications.

Personal Electronics: Please refrain from using Please ensure all valuable and personal items are marked with the camper's name.

Not responsible for lost, stolen or damaged items

www.mvcsc.net

Find us on Facebook
/MVCSC.Camp

24201 State Route 100
Pittsfield, IL 62363

Phone: (217)723-4337
Email: mvcsc@irtc.net

Check in Begins at 3pm
on Friday. Supper will be
at 5pm and the Concert
at 6:30

Immediate Family is
two resident guardians
and minor children

Financial Support

The camp is supported by the camp fees and the free will offerings of churches and individuals. If you would like to donate, please see one of the camp staff or mail your tax-deductible gift to the camp.

Mississippi Valley Christian Service Camp – Registration Card

Parent*(s) Name (s) _____

Street: _____ **City/State** _____ **Zip:** _____

Home Phone _____ Cell _____

Email _____ Camper's Church _____ Minister's name/phone number _____

Children's Name Ages and Birthdates: _____

HEALTH RECORD: What restrictions, if any should be observed in ACTIVE camp life? _____

Indicate any medications to which camper reacts adversely and should not be administered _____

Name of camper's doctor _____ Phone _____

Special instructions _____

The campers will be supervised and if serious illness or injury develops, medical and/or hospital care will be provided. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I have read and understand the above information.

Signature of Parent/Guardian _____ Date _____