

2022 Youth Camp Schedule

THURSDAY - July 14

- 6:00 pm - Registration
- 7:00 pm - Supper
- 7:30 pm - Gathering & Introductions
- 8:00 - 8:45 pm - Worship at Tabernacle
- 9:30 - 11:00 pm - Evening Activities
- 11:15 pm - Lights out!

FRIDAY - SUNDAY - July 15 - 17

- 7:30 am - Rise and Shine
- 8:00 - 8:45 am - Breakfast
- 9:00 am - Prepare for Daily Activities
- 10:00 am - 4:15 pm
 - Daily Activities
 - Service Projects
- 4:30 - 5:00 pm - Games & Recreation
- 5:00 - 6:00 pm - Wash/Clean up for supper
- 6:00 - 7:00 pm - Supper
- 7:00 - 7:20 pm - Restroom, get Bibles, etc.
- 7:30 - 8:45 pm - Worship at Tabernacle
- 9:00 pm - Prepare for Evening Activities
- 9:15 - 10:15 pm - Snack, skits, games, etc.
- 10:15 - 10:45 pm - Free Time
- 11:00 pm - Lights out!

ALL Youth will go home on
Sunday, July 17
following the Sunday Morning
worship service
(Check Out will begin about 12:15 pm)

*Schedule is subject to change due to weather and
unforeseen interruptions*

Youth Camp Contact:
Rev. Chance S. Ward
Goshen United Methodist Church
826-6088 (Office)
667-4903 (Cell)
rev.chance.ward@gmail.com

Please mail Registration Form
for Youth Camp to:

Goshen UMC
c/o Rev. Chance S. Ward
107 Goshen Road
Rincon, Georgia 31326

Make Checks Payable to:
Effingham County
Methodist Campground

Cost for Youth Camp
\$55

2022 Youth Camp

Effingham County
Methodist Campground

July 14 - 17, 2022



PACKING LIST

CLOTHING

T-Shirts Raincoat
Shorts Pajamas
Underclothes Towels
Socks Flip Flops
Hat Sunglasses
Swimsuit

BEDDING

Sheets (for a double bed)
Pillow
Blanket
Sleeping Bag

TOILITERIES

Soap
Shampoo
Toothbrush/Toothpaste
Comb/Brush
Towel/Washcloth
Deodorant
Shower shoes

MISCELLANEOUS

Bible/Notebook/Pen
Sunscreen Medicine needed
Insect Repellant
Flashlight
Copy of Insurance Card

GREAT ATTITUDE!

2022 Youth Camp



Adult Sizes ONLY

Please Select:

Youth Camp (7/14 - 7/17)

Participant

Adult Volunteer

Participant's Name _____ T-Shirt Size _____

Address _____

Father's Name _____

Work Phone _____ Cell Phone _____

Mother's Name _____

Work Phone _____ Cell Phone _____

E-mail Address _____

Phone Number: Home _____

Age Information

Date of Birth _____ Age _____ Last Grade Completed _____

School _____ Home Church _____

Allergies / Medical Information / Other

Special Dietary Requirements

Insurance Co. _____

Policy/Group # _____

In the event of an accident and I am unable to be reached, I grant permission to an adult staff member to seek and/or obtain medical assistance that may be necessary.

Parent Name: _____ Parent Signature: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____