

2022 Children's Camp Schedule

MONDAY - July 18

1:00 pm - Registration & Check-In
2:00 - 6:00 pm - Activities
6:30 pm - Supper
7:30 - 8:45 pm—Worship at Tabernacle
9:30 - 11:00 pm - Evening Activities
11:00 pm - Lights out!

TUESDAY & WED. - July 19 & 20

7:30 am - Rise and Shine
8:00 - 8:45 am - Breakfast
9:00 am - Prepare for Daily Activities
9:30 am - 5:00 pm
 Daily Activities
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 Children will go home on
Wednesday, July 20

following the Wednesday Evening
worship service

(Check Out will begin about 8:45 - 9:00 pm)

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

Children's Camp Contact:
Dr. Whit Myers
Mizpah Church
(912)978-1500 (Cell)
drwhitmyers@yahoo.com

Please mail Registration Form
for Children's 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
\$45

2022 Children's Camp

Effingham County
Methodist Campground

July 18 - 20, 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 Children's Camp



Please Select:

Youth Camp (7/18-7/20)

Participant

Adult Volunteer

Specify YOUTH or ADULT

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 _____