

**2023**

## **Children's Camp Schedule**

### **MONDAY - July 17**

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 18 & 19**

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 19**

**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**

# **2023 Children's Camp**

**Effingham County  
Methodist Campground**

## **July 17 - 19, 2023**

***My Story,  
Your Glory!***

**LUKE 8:38-39**

# PACKING LIST

## CLOTHING

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

## 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  
Insect Repellant  
Flashlight  
Copy of Insurance Card  
Medicine needed

GREAT ATTITUDE!

# 2023 Children's Camp



Please Select:

Children's Camp (7/17-7/19)

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 \_\_\_\_\_