

# Fall Campout Schedule

## *Friday*

- 6:00 Arrival and Setup Bunks
- 6:15 Opening Announcements
- 6:30 Evening Activities
  - Bible Scavenger Hunt
  - Rocket Building – Gluing
- 8:30 Campfire
- 9:30 Evening Activity
  - Amazing Race
- 10:30 Snack – Hot Dogs
- 11:00 Devotions/Bed Prep
- 11:15 Bed Prep/Devotions
- 11:30 Lights Out and Quiet

## *Saturday*

- 7:00 Wake Up
- 7:30 Breakfast - Eggs, Sausage
- 8:45 Morning Devotions
- 9:30 Morning Activities
  - Rocket Building – Painting
  - Street Hockey
  - Frisbee Golf
  - Rocket Building - Painting
- 12:30 Lunch – Hamburgers, Chicken strips
- 1:30 Pack-Up, Tear Down Camp
- 2:00 Dismissal

# Fall Campout Checklist

Arrival: 6:00 PM Friday, September 6

Dismissal: 2:00 PM Saturday, September 7

## What to Bring

<input type="checkbox"/> Pillow	<input type="checkbox"/> Sleeping Bag	<input type="checkbox"/> Sleep Wear
<input type="checkbox"/> Hat	<input type="checkbox"/> Hair Brush/Comb	<input type="checkbox"/> Wash Cloth
<input type="checkbox"/> Tooth Paste	<input type="checkbox"/> Tooth Brush	<input type="checkbox"/> Towel
<input type="checkbox"/> Pen/Pencil	<input type="checkbox"/> Bible	<input type="checkbox"/> Light Jacket
<input type="checkbox"/> Change of clothes	<input type="checkbox"/> Undergarments	<input type="checkbox"/> Extra Footwear

## Optional

<input type="checkbox"/> Suntan Lotion	<input type="checkbox"/> Flashlight	<input type="checkbox"/> Camera
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## **Dress Code - Please note:**

- 1. Jewelry, etc.** - Boys - clean cut and NO jewelry, Girls - no dangling jewelry.
- 2. All attire must be knee-length.** Knee length shorts may be worn for activities, however, you may want long pants for the evenings. All shirts must cover the mid section. No muscle shirts, tank tops or spaghetti straps. Shirts should be modest.
- 3. No worldly styles.** No jeans with holes in them, no T-Shirts with inappropriate or worldly logos, i.e. Beer, Tobacco advertisements, no P.J. pants except for sleeping, etc. All clothing must be worn properly including hats and pants.

## What Not to Bring

**No radios, tape players, walkmans, etc.** All music will be provided.

**No Cell Phones** All communication must go through a leader.

**No Electronic Games, etc.**

**Forbidden materials will be confiscated for the duration of the activity.**

## IMPORTANT

**Youth found participating in the following will be asked to call their parents and will be sent home immediately.**

**Possession or use of alcoholic beverages, drugs, tobacco, etc.**

**Disrespect for Authority, Damage of Retreat Property, Theft of Personal Property.**

**Youth are at no time to be alone with any number of the opposite sex. Youth are to be with a group at all times or with a counselor.**

**Youth must remain in the areas designated for them.**

# AMBASSADORS FOR CHRIST

BIBLE BAPTIST CHURCH  
1757 NEW BLOOMFIELD RD  
NEW BLOOMFIELD, PA 17068

## Fall Campout

Arrival: 6:00 pm, Friday, September 6  
Dismissal: 2:00 pm, Saturday, September 7

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### PERMISSION SLIP

I give permission for my daughter/son to attend the Fall Campout at the Bible Baptist Church on September 14-15, 2018. I have read and understand the attached paper and will make sure that my child has all the necessary items. In addition, I will make sure that my child is in compliance with the standards and rules that have been established for this activity. I further understand that if there is reasonable suspicion that my child has something among their personal possessions that they are not to have, they may be asked to open their belongings for a leader to demonstrate that they are in compliance.

\_\_\_\_\_  
(Printed name of child & Date of Birth)

\_\_\_\_\_  
(Printed name of child & Date of Birth)

\_\_\_\_\_  
(Printed name of child & Date of Birth)

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(Printed name of child & Date of Birth)

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(Printed name of child & Date of Birth)

\_\_\_\_\_  
(Printed name of child & Date of Birth)

\_\_\_\_\_  
(Printed name of parent or guardian)

Phone \_\_\_\_\_

Address \_\_\_\_\_

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### MEDICAL RELEASE

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed \_\_\_\_\_  
(Parent or guardian)

Date \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

\_\_\_\_\_  
Please indicate any contagious or infectious illnesses, etc. that your child has come in contact with during the past six weeks.

**Please complete and return this entire form by Sunday, August 25.**

Participants are expected to attend the entire activity. If a participant will be arriving late or needs to leave early, please indicate the times and purpose. \_\_\_\_\_