



www.cbccyc.co.nz

154 State Highway 10
Coopers Beach
Northland



for the spiritual benefit
of young people



Fri 14 July 4pm - To Mon 17 July 11am
For Girls aged 9-14 years old

Camp will include Bible teaching times, lots of indoor and outdoor fun activities, loads of crafts, team building skills and an opportunity for girls to develop new skills in a safe environment.

Please contact us if you would like more information or have any questions.



WHAT TO BRING

- ◆ Warm clothing
- ◆ Walking shoes
- ◆ Toiletries
- ◆ Pillow
- ◆ Sleeping Bag
- ◆ Bible (if you have one)

NO cellphones, Ipods/MP3 players or other electronic devices will be permitted on site. Please don't bring any extra snacks or lollies

FEES:
\$60.00 (second sibling \$55)

Your spot is confirmed once your registration AND your deposit of \$30 per child is received. You can pay into the following bank account :

Coopers Beach Girls Camp **06-0350-0119095-00**

Please use your child's surname as the reference

GIRLS CAMP 2017

R E G I S T E R O N L I N E

For more information contact

www.cbccyc.co.nz/our-camps

Lynley Fleming

Phone: 09 405 1723

Or by email to:

thewaynleys@gmail.com

Or by mail to:

P O Box 115 KAEO, 0448

Text: 021 33 66 92

Name:

Date of Birth:

Address:

My home/mobile no:

Email:

Name of friend I'd like to be in a cubicle with:

Current Medication:

Doctors Name & Ph No:

I understand that, whilst all practical care will be taken, neither the directors or the volunteers & leaders will be held responsible for injury or damage/loss of property. In the event of serious injury I understand that I will be contacted immediately at the numbers I have supplied, and I authorise Camp Personnel to seek appropriate and proper medical attention, for which reimbursement may be required. If necessary I will collect my child if it is not appropriate for them to continue staying at camp. I understand that this information will be retained only for the purposes of running camps, and that I may request to see or update this information at any time. If my child has had vomiting or diarrhea in the 48 hrs prior to camp starting, I will not send them to camp.

Parent/Guardian Signature _____

Parent/Guardian Name _____