

Application for Scholarship Assistance

Camper's Name _____

Parents' Names _____

Address _____

City / State _____

Zip _____ Phone _____

GENDER: _____ AGE: _____

BIRTH: ___/___/___

How much of the cost of camp are you able to financially afford? _____

Did you receive a camp scholarship last year? _____ How much? _____

Any additional information we need to consider: _____

**Please understand that all scholarship requests will be reviewed by the camp committee and awarded on a case-by-case basis. All recipients of camp scholarships will be notified in writing. The number of scholarships awarded will be based on available funds. Applicants' ability to provide part of the camp cost will increase the likelihood of receiving a partial scholarship. For more information, please contact the church office at 729-4201 or camp director Clay Chessor at 729-9376.*



THINGS TO BRING:

A Bible, sleeping bag or twin bed linens, pillow, toiletries, swimsuit, play clothes and shoes, creek clothes and shoes, shoes for showers and bathhouse, flashlight, and church clothes for Sunday evening worship. There will be an optional campout one night, so a sleeping bag will be needed for those wishing to campout.

THINGS NOT TO BRING:

Basically, anything that would be questionable at a Christian camp. More specifically: money, valuables, cell phones, lazer pointers, radios, etc. *Unacceptable clothing:* spaghetti straps, sleeveless shirts that are not pit-fit, t-shirts with suggestive or vulgar language or illustrations, short shorts.

TEEN WEEK:

Teen Week will end on *Friday, July 3 at 12:00 noon*. Please be sure to make arrangements for campers to be picked up by this time. A letter detailing plans and special things needed will be sent toward the end of June after all applications have been received.

SEND APPLICATIONS AND DEPOSIT TO:

ATTENTION: Meribah 2009
Centerville Church of Christ
138 N. Central Ave.
Centerville, TN 37033

*** A deposit of at least 50% of the total cost MUST BE sent with the application. Without a deposit, YOUR SPOT WILL NOT BE RESERVED in the session of your choice.

***Your deposit CANNOT be refunded after **June 1**.

CAMPER PICK-UP:

The campers will be ready to be picked up on Friday of Week 1 and Week 2 beginning at 2:00 and going to 3:00. Day Camp pick-up is from 3:30-4:00 each day. Please make arrangements for campers to be picked up by this time.

REGISTRATION AND CABIN ASSIGNMENT:

Registration for all weeks will not begin until 2:00 p.m. on Sunday afternoon and will conclude at 4:00 p.m.. Please do not come out earlier than 2:00 p.m. At registration you may request to be placed in certain cabins and at that time we will try to fulfill that request.

SCHOLARSHIPS

IF YOU ARE IN NEED OF FINANCIAL ASSISTANCE, PLEASE FILL OUT THE SCHOLARSHIP APPLICATION ON THE BACK OF THE REGISTRATION FORM.

DAY CAMP:

Campers should bring dry clothes for VBS and creek clothes and shoes each day. If your child is spending the night on Tuesday, have them bring a sleeping bag, pillow, toiletries, swimsuit, towel, and changes of clothes. All campers are welcome to go to the city pool with us from 6:30-8:30. Each camper needs to bring a sack lunch Monday and Tuesday. Supper will be provided for those staying on Tuesday night. Breakfast and Lunch will be provided for everyone on Wednesday. Drinks are provided for all meals.

**APPLICATION DEADLINE
IS JUNE 5!**

Please Place A Check
In The Box Of The
Week \ Weeks You Will Attend.

June 7-12

Ages 7-14 / \$170.00 (Limit 80)

WEEK 1



June 15-17

Ages 4-8 / \$70.00 (Limit 75)



Day Camp



June 21-26

Ages 7-14 / \$170.00 (Limit 80)

Week 2



June 28 - July 3

Ages 13-18 / \$180.00 (Limit 75)



TEEN WEEK



CAMP USE ONLY:

Parental Permission For Medical Treatment

(Price includes: t-shirt, crafts, snacks, & food.)

NAME: _____

ADDRESS: _____

CITY /
STATE: _____

ZIP: _____

PHONE: _____

GENDER: _____ AGE: _____

BIRTH: ___/___/___

Emergency #: _____

T-Shirt Size (ADULT SIZES):
(Children Sizes for Day Camp Only)

S ___ M ___ L ___ XL ___ XXL ___

I / We the undersigned parent/s or guardian/s of the above mentioned, a minor, do hereby authorize the Centerville Church of Christ / Camp Meribah Staff to consent to any examination, treatment, and hospital care which is deemed advisable by a physician in the exercise of their best judgment and release them from liability.

Parent's
names _____

Signature _____

Date _____

Insurance Numbers and Notes:

Please Cut Here