

Episcopal Day Camp 2010 at St. Columba

Three exciting four-day sessions of outdoor adventure! Limited space available! Apply early!

WHEN: SESSION I July 12th – July 15th 4577 Billy Maher Road
 SESSION II July 19th – July 22nd Memphis, TN 38135
 SESSION III July 26th – July 29th (901) 377-9284

COST: \$110.00 per child/ per session
 \$90.00 per sibling/ per session
 (Includes lunch and a snack)
 Extended Care: additional \$60.00 per child/per session (No Sibling Discount)
 (\$1.00 per minute past 5:30)
 NO REFUNDS AFTER JUNE 1ST

TIME: 9:00 am – 3:00 pm
 Extended Care: 7:30 am – 5:30 pm

WHO: RISING first through sixth graders

WHERE: St. Columba Episcopal Center Gates pavilion

DRESS: We will be playing hard. It will be hot and campers will get dirty! Please dress your child in an old swimsuit, tee shirt, and shoes suitable for hiking and getting wet. Bring a towel only. Remember to apply sunscreen before arrival. **Please do not let them bring a tote bag!**

Consider your application accepted unless otherwise notified.

Please drop campers off at turn around drive at Gates pavilion. **Please do not park.**

EPISCOPAL DAY CAMP APPLICATION

Please complete a separate application for each child. This application may be duplicated.

CAMP \$110.00

____ SESSION I July 12th – July 15th
 ____ SESSION II July 19th – July 22nd
 ____ SESSION III July 26th – July 29th

EXTENDED CARE \$60.00/\$1.00 per min. over ext. time of 5:30 p.m.

 _____ T-shirt size: child adult
 _____ XS S M L XL

Child's Name _____ M _____ F _____
 Last First prefers to be called

Age _____ Grade (in fall) _____ D.O.B. _____ School _____

Parents/Guardians _____ Church _____

Address _____ City _____ ST _____ Zip _____

Email _____

Phone Contacts: Please Designate 1st contact, 2nd contact, etc. and give name for each

NAME	HOME NUMBER	WORK NUMBER or MOBILE
Mother _____	Home: _____	Work: _____
Father _____	Home: _____	Work: _____
Guardian _____	Home: _____	Work: _____

* Emergency contact Name and numbers: _____

Pediatrician _____ Phone _____ Insurance Co. _____

Rx Allergies _____ Other Allergies _____

Medications at camp _____

May we administer a children's dosage of Tylenol or other type of pain relief if needed? (circle one) YES / NO _____ Initial

Placement requests MUST be made in advance (up or down *one grade only*). Placement requests are not guaranteed.
 Placement Request: _____

My child has permission to participate in all day camp activities. Episcopal Day Camp has my permission to administer or obtain medical assistance for my child in the event of illness or an accident. I will assume all costs incurred. I give permission for photographs containing my child to be included in publications of St. Columba Episcopal Conference Center and The Diocese of West Tennessee.

Parent/ Legal guardian signature _____ Date _____

Send completed application form and check made payable to: ST. COLUMBA EPISCOPAL CENTER to above address. Attach a photocopy front and back of child's insurance card. Applications will NOT be accepted without completed application and copy of insurance card. Applications on the web at: stcmemphis.org