

# SMOKY TRAIL NATIVE BIBLE CAMP

a division of

## Georgian Native & Outreach Ministries

### CAMP ENDOBANAH 2020

WHERE THE "SON" ALWAYS SHINES



P.O. Box 451, Parry Sound, On P2A 2X5

[www.smokytrail.ca](http://www.smokytrail.ca)

|                                                                                                              |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Camp Address: Camp Endobanah<br>3672 Monck Road East<br>Norland, On KOM 2L0<br>705-464-3701 (camp time only) | Director Address: Jamie & Rhonda Thornton<br>127 Isabella St<br>Parry Sound, On P2A 1N3<br>705-746-2510 c: 705-346-4848<br>thorntons@smokytrail.ca |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**Bus Schedule:** drop off children at Parry Sound Pentecostal Tabernacle (Bayside Family Church) on Tues July 14<sup>th</sup> at 8:30am – pick up at Parry Sound Pentecostal Tabernacle (Bayside Family Church) on Sat July 18<sup>th</sup> at 3:00pm

Fee is \$50.00/camper or contact the Director for available sponsorship

**CAMPERS APPLICATION & MEDICAL FORM (please email or mail form to the Director)**

|                          |                                       |
|--------------------------|---------------------------------------|
| Teen Camp (ages 13 & up) | July 14 – 18 <input type="checkbox"/> |
|--------------------------|---------------------------------------|

|                           |                                       |
|---------------------------|---------------------------------------|
| Junior Camp (ages 8 – 12) | July 14 – 18 <input type="checkbox"/> |
|---------------------------|---------------------------------------|

**Camper's Information:**

|       |                                |                                  |
|-------|--------------------------------|----------------------------------|
| Name: | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> |
|-------|--------------------------------|----------------------------------|

Address:

|       |              |      |
|-------|--------------|------|
| City: | Postal Code: | DOB: |
|-------|--------------|------|

|             |                         |
|-------------|-------------------------|
| Home Phone: | Parent/Guardian's Cell: |
|-------------|-------------------------|

|        |                |
|--------|----------------|
| Email: | Health Card #: |
|--------|----------------|

Choice of Cabin Mates:

**Emergency Contact: (one must be Parent/Guardian and one alternate contact)**

|       |               |
|-------|---------------|
| Name: | Relationship: |
|-------|---------------|

Address:

|             |       |
|-------------|-------|
| Home Phone: | Cell: |
|-------------|-------|

|              |          |        |
|--------------|----------|--------|
| Band Office: | Contact: | Phone: |
|--------------|----------|--------|

|       |               |
|-------|---------------|
| Name: | Relationship: |
|-------|---------------|

Address:

|             |       |
|-------------|-------|
| Home Phone: | Cell: |
|-------------|-------|

|              |          |        |
|--------------|----------|--------|
| Band Office: | Contact: | Phone: |
|--------------|----------|--------|

**Check Each of the Following the Camper has had:**

|                                      |                                    |                                      |                                     |                                               |
|--------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------------|
| Chicken Pox <input type="checkbox"/> | Hepatitis <input type="checkbox"/> | Tonsillitis <input type="checkbox"/> | Bedwetting <input type="checkbox"/> | Epilepsy or Fainting <input type="checkbox"/> |
|--------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------------|

|                                        |                                          |                                 |                                    |                                          |
|----------------------------------------|------------------------------------------|---------------------------------|------------------------------------|------------------------------------------|
| Measles (Red) <input type="checkbox"/> | Measles(German) <input type="checkbox"/> | Asthma <input type="checkbox"/> | Sinusitis <input type="checkbox"/> | Rheumatic Fever <input type="checkbox"/> |
|----------------------------------------|------------------------------------------|---------------------------------|------------------------------------|------------------------------------------|

|                                         |                                      |                                |                                       |                                        |
|-----------------------------------------|--------------------------------------|--------------------------------|---------------------------------------|----------------------------------------|
| Whooping Cough <input type="checkbox"/> | Ear Trouble <input type="checkbox"/> | Mumps <input type="checkbox"/> | Appendicitis <input type="checkbox"/> | Stomach Aches <input type="checkbox"/> |
|-----------------------------------------|--------------------------------------|--------------------------------|---------------------------------------|----------------------------------------|

**Allergies the Camper has had:**

