

Come join us at this year's CPYM Snow Camp for a fun winter weekend, January 5-7, 2024. We will be staying at the beautiful Bongiorno Conference Center in Carlisle, PA. The Bongiorno Conference Center offers beautiful accommodations including a full service dining hall, outdoor fire pits, full gymnasium, ping pong, fooseball, disc golf, and hiking trails. While at camp, you will have lots of time to hang out with your friends and enjoy all the offered activities. All meals are included and will be served in their beautiful dining hall.

WHAT YOU NEED TO BRING WITH YOU TO CAMP:

SLEEPING BAG & PILLOW

TOWEL & WASH CLOTH

BIBLE OR BIBLE APP

WINTER CLOTHES/FOOTWEAR

GYM CLOTHES

SPENDING MONEY FOR CAMP STORE OR SPORTS EMPORIUM

NOTEBOOK AND PEN

This year's **CPYM Snow Camp** will be held at the Bongiorno Conference Center in Carlisle, PA from **Friday, January 5, until Sunday, January 7th.**

We will get to camp between 5 and 6pm and be home around lunchtime on Sunday.

The cost for this year's camp is **\$200**. A deposit of **\$50** and this registration form need to be turned in before Monday, December 5.

**ONLY 140 SPOTS
AVAILABLE!**

 **CENTRAL PENNSYLVANIA
YOUTH MINISTRIES**

**SNOW
CAMP
2024
january
5, 6, 7**

 **BONGIORNO
CONFERENCE CENTER**
430 UNION HALL ROAD - CARLISLE, PA 17013

cpym.org

CPYM SNOW CAMP 2024 REGISTRATION FORM

Name _____ School _____ State _____
Address _____ City _____
Zip _____ Date of Birth _____ Grade _____ Age _____ Sex _____
Health Insurance Company _____
Group Number _____ Policy Number _____

I, PRINT NAME _____, the legal parent/guardian of PRINT NAME _____
Do hereby release Central Pennsylvania Youth Ministries from any, and all liability in case of accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital while attending the above mentioned function. I hereby assume all responsibility for his/her conduct, and for any damages my teen does to the camp property or any property of CPYM, with the understanding that I will pay all damages. Any violation of the Code of Conduct will mean that I must provide immediate transportation home for my child. The use or possession of alcohol, illegal drugs, and sexual conduct that is illegal, cigarette smoking, vapes, or a failure to refrain from inappropriate touching and any form of verbal or physical harassment by my child will be a violation of CPYM's Code of Conduct. I acknowledge that I have read CPYM's code of conduct. I permit CPYM to use any photographs or videos of my child in publications and publicity material, and for inclusion in the CPYM image library. I request the camp nurse to administer the following medications to my child while attending this camp, if I have provided the appropriate paperwork. I understand that a signed medical order form from the prescribing doctor must accompany each prescription. I have attached all necessary paperwork. I request the following over the counter medications be given by the camp nurse.

Check medications your child may receive:

Acetaminophen Tums/Rolaids Caladryl Lotion Ibuprophen others please list: _____

My child has the following allergies/medical conditions that my require emergency medication: _____

X _____ Date _____ Phone # _____
Parent/Guardian Signature

In Case of Emergency



CPYM Medical
Release Form



CPYM Code of
Conduct

Must register by Monday, December 5, 2024

Send this completed form and \$50 deposit to:

CENTRAL PENNSYLVANIA YOUTH MINISTRIES,
P.O. Box 33, Thompsontown, PA 17094

FOR OFFICE USE ONLY
AMOUNT ENCLOSED \$ _____ DATE _____ AMOUNT DUE \$ _____