The cost of this year's camp is \$350. If you are one of the fist 120 campers to register with a \$50 deposit, you may attend for the ridiculously low price of \$250! A \$50 registration fee must accompany your registration form and is non-refundable. The balance of \$200 must be paid by June 1, 2024. If you are not one of the first 125 to register for camp, you must pay the \$350 amount. A registration will not be counted until it is received at our office with a \$50 deposit attached.

## NO MONEY, NO REGISTRATION!

We will provide transportation, lodging, 3 evening meals plus, we will have a camp lunch stand at greatly reduced prices.

We will be leaving early Sunday June 9th and will return late Thursday afternoon on the 13th.

You will need to bring: spending money for breakfasts and lunches, two evening meals (Sunday and Monday evening only), snacks and a beach tag, (parents we recommend approximately \$150); sun screen, and a beach towel. Feel free to bring breakfast foods (pop tarts, breakfast bars, etc.), snacks and drinks.

For more camp info go to:

## www.cpym.org

And go to our EVENTS page for more details and forms for this camp.

REGISTRATION DEADLINE IS APRIL 26, 2024.

**FINAL PAYMENT IS DUE JUNE 1, 2024** 

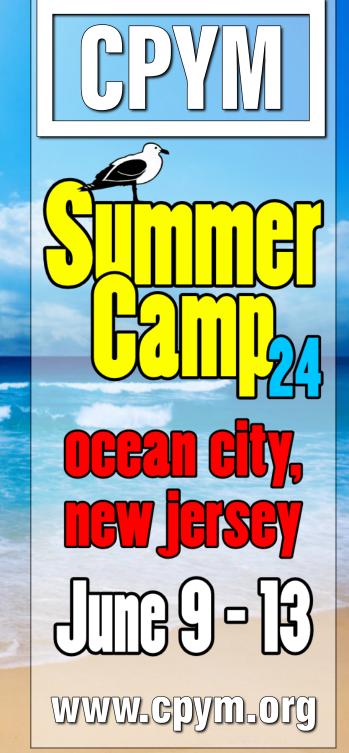
Join hundreds of your friends for an amazing week at Ocean City, New Jersey. Come with Central PA Youth Ministries staff and enjoy a week of fun at the beach! Not only will you enjoy the beach, there will be new friends, fun, games, food, music, small groups, beach games, and learning more about God's Word and His will for your life.

This is the one summer event you do not want to miss!

Invite your friends!

Get your registration in TODAY!





## **CPYM SUMMER CAMP REGISTRATION FORM**

Name <u>.</u>	School	
Address	CityState_	
Zip	_ GradeSex	
HEALTH INSURANCE COMPANY:		
GROUP NUMERPOI	POLICY NUMBER	
, the legal parent/guardian of	dian of	
Do hereby release Central Pennsylvania Youth Ministries from any, and all liability in case of accident or illness and authorize and medical care deemed necessary by an accredited physician, nurse or hospital while attending above mentioned function. I hereby assume all responsibility for his/her conduct, and for any damage my teen does to the	, and all liability in case of accident or illness a sysician, nurse or hospital while attending abo conduct, and for any damage my teen does to have limited and for any damage.	nd ve
of Conduct will mean that I must provide immediate transportation home for my child. The use or possession of alcohol, illegal drugs, any sexual conduct that is illegal, cigarette smoking, vapes, or a failure to refrain from the property of the provided by the provided	n home for my child. The use or possession of noking, vapes, or a failure to refrain from	
inappropriate touching and any form of verbal of physical narassment by my child will be a violation of CFTM s code of conduct. I permit CPYM to use photographs of my child in publications and publicity material, and for inclusion in	cations and publicity material, and for inclusion following models to my child while attentions to my c	n in
the Criffy intage indially. Trequest the camp halse to administer the following inequation to my chird while attentive 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.	e ronowing medication to my crind wine atter and that a signed medical order form from the thed all necessary paperwork. I request the e.	20 E D O
<b>Check medications your child may receive:</b> ☐ Acetaminophen ☐ Tums/Rolaids ☐ Caladryl Lotion ☐ Ibuprofen ☐ others please list:	ien 🔲 others please list:	
My child has the following allergies/medical conditions that may require emergency medication:	ire emergency medication:	
Date	# eno40	
Parent/Guardian Signature	(in case of emergency)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
YOUR SIGNATURE MUST BE NOTARIZED. This will make it possible for us to secure medical treatment if necessary.	le for us to secure medical treatment if necessar	خ
SUBSCRIBED AND SWORN TO BEFORE ME:		
This Day of	20	
By:	(seal)	
Notary's printed name		
Notary's Signature		

Send this completed form and \$50 deposit to:

CENTRAL PENNSYLVANIA YOUTH MINISTRIES, P.O. BOX 33, THOMPSONTOWN, PA 17094

REGISTRATION DEADLINE IS APRIL 26, 2024 – FINAL PAYMENT DUE JUNE 1, 2024 REGISTRATION WILL NOT BE ACCEPTED WITHOUT DEPOSIT!