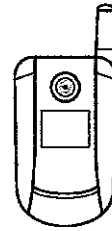


Can You Hear HIM Now?



Episcopal Church Camp of Illinois 2008 Registration Instruction Sheet

***** PLEASE READ CAREFULLY AS THERE HAVE BEEN SEVERAL CHANGES IN PROCESSING*****

Dear Campers and Parents:

Enclosed is an application form for this year's Episcopal Church Camp of Illinois which will be held Sunday, June 29 to Saturday, July 5, 2008 at East Bay Camp on Lake Bloomington.

In recognition of the fact that many campers attend with brothers or sisters, the camp fees will follow a sliding scale:

\$225 for the first camper of a family
\$205 for the second camper of a family
\$185 for additional members of a family

When sending payment by check, please indicate the camper name(s) and amount included for each in the memo line.

A **\$50 registration deposit for each camper** is due with your registration. Parish scholarship monies may be submitted as the deposit, and a minimum of \$50 must be received with each application. **If your parish is providing a scholarship, the application must be submitted by the parish and must include the scholarship with application.**

Any remaining balance is due (postmarked) by June 1, 2008.

EARLY BIRD DISCOUNT

Camper fees, **paid in full and postmarked by May 1, 2008**, can deduct \$10 per camper (\$215 for the first camper of the family, \$195 for the second camper of the family, and \$175 for each additional camper). This applies to campers receiving parish scholarships as well. **TOTAL FEE MUST BE POSTMARKED BY THE MAY 1st DEADLINE TO QUALIFY FOR THE DISCOUNT.**

***** NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 1, 2008 – NO EXCEPTIONS! *****

Complete the application and the health form (including the complete immunization history) and send to:

**Episcopal Church Camp of Illinois
c/o Rebecca J. Gamage
P.O. Box 9700
Peoria, IL 61612-9700
309-648-2421**

e-mail: rebeccagamage@yahoo.com

Please contact Becky with questions about fees and registration.

For other camp information or questions, please contact:

**Denny Brown, Camp Coordinator
(309)697-5361 e-mail: dondennis1@aol.com**

Clearly identify CHURCH CAMP in the subject to avoid being caught in the SPAM filter.

When your application and health form are received and processed, you will be sent a postcard with instructions on downloading your camp materials. Please allow 2-3 weeks for processing your application.

EPISCOPAL CHURCH CAMP OF ILLINOIS

June 29 to July 5, 2008

Sponsored by the Episcopal Dioceses of Quincy and Springfield

*Located at East Bay Camp - Hudson, Illinois
15 minutes north of Bloomington/Normal on Lake Bloomington*

PURPOSE STATEMENT

The purpose of the Episcopal Church Camp of Illinois is to provide both youth and adult participants with the extraordinary opportunity to live in a Christian community within the environment of the cabins, lakes, and woods of East Bay Camp. It is our goal that all participants will experience this life in Christ, the particular expressions of which may be somewhat different from what they experience in their home parishes; and that their growth in Christ may be enriched by these experiences.

To that end, we ask of everyone who attends the camp, in whatever session, that they:

- 1. Participate fully (or as fully as is physically possible) in all activities of their cabin and/or session;*
- 2. Honor and respect the dignity of every other camper and staff member;*
- 3. Honor and respect the property of our hosts, East Bay Camp, and also of every camper and staff member;*
- 4. Follow any and all procedures as may be outlined by East Bay Camp;*
- 5. Follow any and all rules as may be outlined by their particular Cabin Leader or Session Director.*

****Attendance at Camp indicates the acceptance of the above principles****

Episcopal Church Camp of Illinois

is divided physically into 3 separate adjoining camps:

JUNIOR CAMP

Those campers who have completed
Grades 1, 2, 3, or 4
Tate Chambers, **Director**

MIDDLER CAMP

Those campers who have completed
Grades 5, 6, or 7
Betsy Wolin, **Director**

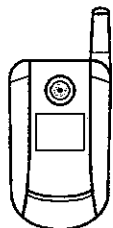
SENIOR CAMP

Those campers who have completed
Grades 8, 9, 10, or 11
Don Monty, **Director**

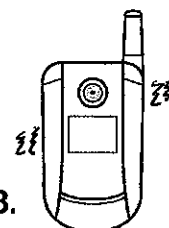
A Typical Day Includes

- a morning spiritual program conducted by the session's spiritual director, who is a priest from one of the dioceses, Father Swan, Father Drummond, or Father Hazlett.
- an all-camp Eucharist
- a swimming/boating time
- an afternoon sports activity
- a craft activity
- an evening event
- a smoke-free environment

APPLICATION
EPISCOPAL CHURCH CAMP OF ILLINOIS 2008
Sunday, June 29 to Saturday, July 5, 2008



Can You Hear HIM Now?



All applications must be postmarked by JUNE 1, 2008.

To ensure a confirmed registration for 2008 Episcopal Church Camp, please send this completed application with a \$50 registration deposit or parish scholarship made payable to Episcopal Church Camp of Illinois to:

Episcopal Church Camp of Illinois
c/o Rebecca J. Gamage
P.O. Box 9700
Peoria, IL 61612-9700

Camp Fees

\$225 for the first member of a family
\$205 for the second member of a family
\$185 for all additional family members

(**Note: EARLY BIRD DISCOUNT: if full fees are postmarked by May 1, 2008, please deduct \$10 per camper)

All camp fee payments must be postmarked no later than June 1, 2008.

Camper Name _____ Parent's e-mail _____

Address _____ Phone () _____
Street
City State Zip

Birth date (MM/DD/YY) _____ Age _____ Sex _____ Grade **COMPLETED**, June 2008 _____

Home Parish _____
Parish Name City Diocese

Please list any siblings that the camper will have at camp (First and Last Name).

Special requests: Include here buddy requests, special needs (please be specific), or vegetarian diet requests.

T-shirt size (all are adult sizes) Sm _____ Med _____ L _____ X-L _____ XX-Lg _____ XXX-Lg _____

Attention Parents and Clergy:

If any portion of camper's fees will be paid by scholarship of any kind, this application must be signed and submitted by the parish and must include any parish scholarship monies with the application.

To be completed by the parish office only:

- Parish scholarship _____ Amount (must be included with application)
 Diocesan scholarship _____ Amount Quincy Springfield (first time campers only)

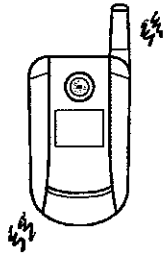
Clergy signature

Please note: No applications will be processed without complete information for parents and two emergency contacts (back of application) and the Camp Health Form.

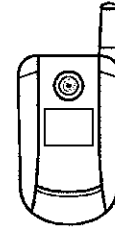
****ATTENTION PARENTS: PLEASE COMPLETE ALL PAGES OF THIS FORM****

PLEASE NOTE THAT ONCE YOU HAVE REGISTERED, YOU WILL RECEIVE A LINK TO A WEBSITE TO DOWNLOAD YOUR CONFIRMATION MATERIALS, IN ORDER TO SAVE ON POSTAGE.

REGISTRAR USE ONLY:
Amount Due: _____
S M J



Can You Hear HIM Now?



Episcopal Church Camp of Illinois 2008

EMERGENCY INFORMATION:

Camper's Name _____

Parent(s) Name _____

Home phone _____ Work phone _____
Required

Emergency Contacts:

In case of emergency, please contact (please provide at least two):

Name _____ Relationship to Camper _____

Phone _____ Work phone _____

Name _____ Relationship to Camper _____

Phone _____ Work phone _____

The enclosed 2-sided health form is required by East Bay Camp.

After your application is processed, you should receive a postcard to confirm your registration within two to three weeks. Please be patient. The postcard will give you the information to download your materials.

REGISTRAR USE ONLY:

Amount Due: _____
S M J

Camp Health Form

INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE FILL IN ALL INFORMATION.

Please be sure to notify the camp session director if this camper is exposed to communicable disease or has suffered injury during the three weeks prior to camp attendance.

Health and Accident Coverage

Camper/Participant _____ Birth date _____
Age _____ Sex _____

Parent or Guardian (or spouse) _____ Home Phone _____
Relationship _____ Area code and number _____

Home address _____

Parent/Guardian Work; or if not available, give other person to contact _____ Phone _____

If not available in an emergency notify:

Name _____ Relationship _____ Phone _____

Street and Number _____ City _____ State _____ Zip _____

Insurance Company _____ Policy No. _____ Type () group () individual

Name of Policy Holder _____ Policyholder's Employer and Employer's Address _____

AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned parent/guardian/person authorizes the Episcopal Church Camp of Illinois to secure medical treatment for _____ (name of person) in case of any illness or accident for which the camp director or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the camp director/first aid personnel to hospitalize, secure proper treatment for, or to order injection, anesthesia or surgery for me/my child as named.

Signature of Parent or Guardian _____ Relationship _____ Date _____
(or camper if of legal age)

Family Physician _____ Name _____ Phone number _____

Family Physician Address _____

Parent/Guardian Social Security Number _____ (Requested by hospital)

Important! NO camper under 18 years of age will be accepted at camp unless the following section is fully completed. All campers are requested to complete this form.

Please complete the health history on the reverse side of this form as accurately as possible. A health examination by a physician is only necessary if a camper has been exposed to contagious disease or is recovering from severe injury or illness. This information will enable a health care facility to treat you/your child with minimum delays in case of an emergency. **PLEASE ATTACH A SEPARATE SHEET IF ANY AREA NEEDS MORE INFORMATION.**

HEALTH HISTORY: (Check- giving approximate date)

Diseases:

| | |
|------------------------|-----------------------|
| Anorexia/bulimia _____ | Rheumatic Fever _____ |
| Asthma _____ | Chicken Pox _____ |
| Convulsions _____ | German measles _____ |
| Diabetes _____ | Measles _____ |
| Ear Infections _____ | Mumps _____ |
| Hyperactive _____ | Heart _____ |
| Lethargic _____ | Respiratory _____ |

Allergies (list, if any): _____

Operations or serious injuries (dates): _____

Chronic or recurring illnesses and/or concerns of a physical or emotional nature (please be specific).

_____**IMMUNIZATION HISTORY**

This is a record of approximate dates of basic immunizations and most recent booster doses.

DPT Series _____ Booster _____ Tetanus booster _____
 Polio OPV (Sabin) _____ Booster _____
 Typhoid _____ Measles Vaccine (live) _____ Tuberculin Test _____
 German Measles (Rubella) _____ Mumps Vaccine (live) _____ Smallpox _____
 Other _____

GENERAL PHYSICAL CONDITION

Height _____ Weight _____
 Eyes- () Normal () Glasses () Contacts Ears- () Normal () Hearing device () Hard of Hearing
 Hernia _____ Extremities _____
 Posture (spine) _____
 Skin _____
 General Appraisal _____

For Girls and Women

Has this person menstruated? _____ If not, has she been told about it? _____
 If so, is her menstrual history normal? _____ Special Considerations _____

Special Diet _____

Medications the Child Currently Uses (INCLUDE ANY AND ALL MEDICINES THE CHILD WILL BRING TO CAMP):

Is parent sending it? () Yes () No

Prescriptions must be in pharmacy container with proper dosage and child's name (pharmacy label).

Swimming, diving permitted? _____ Strenuous activity? _____

Are you now (or within the previous two years) receiving professional counseling for emotional concerns? () Yes () No

If yes, briefly specify _____

Other _____