

CAMP GOOD NEWS

Camp Good News exists so that young people (ages 8-12) may learn to know and love the Lord Jesus Christ as their Savior and to grow in their relationship with Him, all while having fun in the great outdoors He created!

ACTIVITIES

Canoeing, boat rides, rock wall, roller skating, ropes course, mud pit, and more!



LOCATION

Camp is held at Crystal Springs Bible Camp, 4848 36th St SE, Medina, ND

IMPORTANT DAYS AND TIMES

Check in: Tuesday, 1:00 - 3:00 pm

Closing Rally: Saturday, 10:30 am
(Family and friends are invited to attend!)

COST

The cost of camp is \$225 for the week. We ask that you send a \$30 non-refundable deposit to reserve your spot.

If you are in need of sponsorship, please contact Lisa, the camp director, and she will give you more information on what is available.

INSURANCE AND HEALTH

Each child is insured against injury. Someone with medical experience is always on the grounds and hospitals are within a short drive.



PACKING LIST

- Bible
 - Missionary Offering
 - Toiletries (soap, shampoo, toothbrush, etc.)
 - Swimsuit (must be modest - boys: trunk style, girls: one piece)
 - Towel
 - Sleeping bag and pillow
 - Extra blankets (if desired)
 - Sunscreen, bug repellent, water bottle
 - Modest clothing suitable for all weather (please pack a sweatshirt or jacket)
 - Old Clothes (for mud pit)
 - Tennis shoes (for ropes course)
 - Canteen spending money (\$20 limit)
- Please Remember:
- Label all clothing
 - Electronics are not allowed (iPods, cell phones, tablets, handheld games, etc)
 - Please leave all valuables at home

REGISTRATION FORM

Registration forms are due by July 6th.

Step 1:

Fill out and tear off this form.

Step 2:

Enclose your \$30 deposit (non refundable) in cash or check. Please make checks payable to CEF.

Step 3:

Mail to:
Camp Good News
PO Box 154
Bismarck, ND 58503

Registration is also available online! Visit www.ndcefsouthwest.org to register online today!

COME AND BRING A FRIEND

Camp will be held from July 30 - Aug 3 at Crystal Springs Bible Camp. If you have any questions about your child's stay, please contact us at any time.

Bring a Friend!

More registration forms are available online! Please visit ndcefsouthwest.org to download another registration form to give to a friend or to register online.



GENERAL INFO

Name: _____

Preferred Name: _____

Age: _____ Male/Female (circle one)

Grade in School (as of Fall 2019): _____

Address: _____

City, State, Zip: _____

Parent Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

E-mail Address: _____

Church Name: _____

School Name: _____

Emergency contact (other than parent listed above)

Name: _____

Relationship to Camper: _____

Phone: _____

Be sure to complete the back.

PHOTO PERMISSION

I give permission for my child's picture to be taken for promotional purposes for Child Evangelism Fellowship of ND, Inc.

Yes No

Signature: _____

Date: _____

BUDDY REQUEST

If you have a request for a cabin-mate, please write their name here. (Please note cabins are grouped by ages, 8-10 and 11-12. If you have questions, please call Lisa at 701-527-8350)

Camper Buddy Request: _____

PAYMENT INFO

Please select your payment choice (Deposit is \$30):

- Full payment (\$225) included with form
- Deposit included with remainder paid at camp **Amount Included: \$** _____
- Deposit included, sponsorship requested for remainder
Amount Included: \$ _____
- Other (i.e. payment coming from church or another individual.) Please explain:

For Office Use Only:

- Registration Fee \$ _____
- Check # _____
- Cash
- Other _____
- Amount Still Due: \$ _____
- Entered in Database

MEDICAL INFO

(Give approximate dates where applicable)

Seizures: _____

Asthma: _____

Allergies: _____

Diabetes: _____

Dietary Restrictions: _____

Any special considerations?

(ex: behavioral conditions, bed-wetting, sleep-walking, etc) _____

Please name any medications your child will be bringing to camp.

(A form with more space for details will be sent with your confirmation letter.): _____

Camper's Date of Birth: _____

Parent's Date of Birth: _____

Insurance Company: _____

Policy #: _____

Health Group # _____

Subscriber's Name: _____

I hereby give full permission for emergency medical treatment for my child while he/she is under the care of Camp Good News Staff. I understand that every necessary precaution will be taken to ensure my child's safety while at camp.

Parent/Guardian Signature: _____

Date: _____

CONTACT INFO

Lisa Taylor, Camp Director

701-527-8350

While at Camp:

Mailing Address
Camper's Name
Camp Good News
c/o Crystal Springs
4848 36th St. SE
Medina, ND 58467

Camp Phone
701-486-3467
*Please limit calls to urgent situations



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide™

Camp Good News is a Ministry of
Child Evangelism Fellowship of ND, Inc.
Southwest Chapter

PO Box 154
Bismarck ND 58503

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