

COORDINATOR PACK



PINE SUMMIT CHRISTIAN CAMPS
www.pinesummit.com/camps
(909) 866-5801

I.C.E. - Incredible Christian Experience

Dear Camp Coordinator/Awana Commander:

Please find below some important items that you'll need to keep in mind this year. Feel free to call Pine Summit and speak to the Registrar, at (909) 866-5801, if you have concerns and/or questions.

- PLEASE READ THE PARENTS PACK AND THE CAMP COORDINATORS PACK IN THEIR ENTIRETY.
- Make sure that all the signature lines are completed and all required copies are sent along with the application.
- When all of your camper/counselor applications are complete, mail them together as one unit rather than individually. Please send one check per church for payment of camp fees.
- Each club needs to send one counselor for each 9 campers. If a club can't send a counselor, they still need to pay the counselor fee of \$70 for every 9 campers. (List names if available, indicate whether or not the church check includes counselor payments).
- Applications that are missing information or are incorrect will be returned for correction. This will delay the acceptance of your campers and counselors. Please make sure each application is complete before sending.

Thanks again.

The ICE Team

Pine Summit Christian Camps ▪ (909) 866-5801
PO Box 2871 ▪ Big Bear Lake, CA 92315
registrar@pinesummit.com/camps
www.pinesummit.com

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SENIOR HIGH CAMPER

CHECKLIST

| | Name of Camper | Age | Grade Level | Application Signatures Complete? | Parent and/ or Emergency Contact? | Copy of Medical Insurance Card? | Copy of Releases? | Amount Enclosed | Balance Due |
|--------|----------------|-----|-------------|----------------------------------|-----------------------------------|---------------------------------|-------------------|-----------------|-------------|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| TOTAL: | | | | | | | | | |

CHURCH: _____ CITY: _____

CAMP COORDINATOR: _____ PHONE: _____ Email: _____

PLEASE RETURN THIS CHECKLIST WITH ALL FORMS & ONE CHURCH CHECK TO: Pine Summit, c/o Registrar, PO Box 2871, Big Bear Lake, CA 92315

| Name of Camper | Age | Grade Level | Application Signatures Complete? | Parent and/or Emergency Contact? | Copy of Medical Insurance Card? | Copy of Releases? | Amount Enclosed | Balance Due |
|----------------|-----|-------------|----------------------------------|----------------------------------|---------------------------------|-------------------|-----------------|-------------|
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| 16. | | | | | | | | |
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| 19. | | | | | | | | |
| 20. | | | | | | | | |
| 21. | | | | | | | | |
| 22. | | | | | | | | |
| 23. | | | | | | | | |
| 24. | | | | | | | | |
| 25. | | | | | | | | |
| TOTAL: | | | | | | | | |

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COUNSELORS

CHECKLIST

| | Name of Counselor | Address | Telephone | Email | Amount Enclosed | Balance Due |
|--------|-------------------|---------|-----------|-------|-----------------|-------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| TOTAL: | | | | | | |

CHURCH: _____ CITY: _____

CAMP COORDINATOR: _____ PHONE: _____

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