



Middle School Workcamp

July 29-30, 2009

Youth entering grades 6-8 are invited to join us as we travel to Mound Ridge Presbyterian Camp near St. James, MO, to help with some needed projects and have fun together at the camp.

We will work on projects both days, stay overnight in the cabins, and enjoy a float trip together!

Mound Ridge is a great place to enjoy nature and learn more about ourselves, our friends, and about God.

Cost is \$30, which includes:
transportation, lodging, meals, and float trip

We will meet at Ladue Chapel
8:00 a.m. on Wednesday, July 29,
and return Thursday, July 30, at 8:00 p.m.

Your check (made out to Ladue Chapel) and
registration form must be turned in by Sunday, July 19.
Parents and friends are welcome to join us!

Contact Anne with questions:
apecock@laduechapel.org or 993-4771 x3122

Ladue Chapel Presbyterian Church

Middle School Work Camp 2009 Registration Form

Wednesday and Thursday, July 29-30, 2009

This is an opportunity for students entering grades 6-8 to work at Mound Ridge Presbyterian Camp. Parents and friends are welcome, **but each youth must have a separate registration form.** Extra forms are available at the church.

CAMPER INFORMATION

CAMPER'S NAME		
PARENTS/GUARDIANS		
ADDRESS		
CITY/STATE/ZIP CODE		
PHONE NUMBERS home/cell/pager/work		
E-MAIL ADDRESS		
DATE OF BIRTH		GRADE STARTING IN FALL 2008:
ALLERGIES AND/OR SPECIAL DIETARY NEEDS		
KNOWN ALLERGIES		
DIETARY RESTRICTIONS		
WORK CAMP COST		
\$30 Fee For Transportation, Lodging, Meals Make Check Payable to <u>Ladue Chapel Presbyterian Church.</u> Please indicate <i>Middle School Work Camp</i> on the memo portion.		
Registration Deadline is July 19.		
EMERGENCY CONTACT INFORMATION		
PERSON TO CONTACT (OTHER THAN PARENTS/GUARDIANS)		
RELATIONSHIP TO CHILD		
PHONE NUMBERS home/cell/pager/work		

The child named above has my/our permission to attend Middle School Work Camp on July 29-30, 2008. In the event of an illness or injury, if the parents/guardians cannot be reached, I authorize the church or its agents to consent to diagnosis, examination, treatment, or hospital care for my child which is deemed advisable by, and is rendered under, the supervision of a physician. I release the church and its agents from responsibility in the case of an illness or injury in connection with the authorized church activities.

Signature of Parents/Guardians: _____ Date Signed: _____

Parent/Guardian Phones: home: _____ work: _____ cell: _____

Medical Insurance Information:

Name of Insurance Company: _____ Policy/ID Number: _____

Pediatrician Name: _____ Phone: _____