



17-19th December 2004

year 7-9 | end of year camp

MAD

start | fri 17Dec04, from 2.30pm
finish | sun 19Dec04 12.30pm

venue | Putty Beach Camping Area,
[@ the end of Putty Beach Drive, Killcare]

cost | \$30 per camper
for food & site fees

things to bring | personal items (ie clothes and toiletries), tent, bedding, a camping chair (if you have one), swimmers and board shorts, towel, hat, shoes for sports, wet weather gear, sunscreen, insect repellent, Bible, a slice or cake for suppers. **Please do not** bring any expensive items eg stereos, CD's, walkmans, computer games or mobile phones.

tents | could you please contact the following leader from your group before camp to let them know your arrangements in relation to tents:

girls |

yr 7 - Renae Johnston | 9482-5751 <> 0408-825-926

yr 8 - Tal Rawson | 4372-1516 <> 0410-520-046

yr 9 - Kelly Stace | 0401-380-877 <>

boys |

yr 7 - Josh Bones | 0425-363-398 <> 4340-1269

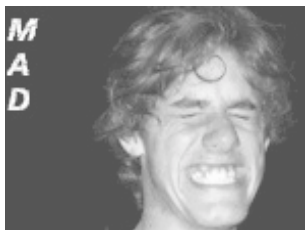
yr 8 - Jono McKeown | 0412-160-846 <> 4352-1184

yr 9 - Nathan Wood | 405-757-497 <> 4388-5332

Don't miss the MADness!!!

directions | from Erina [1] follow Avoca Drive [2] Turn right onto Empire Bay Drive @ Kincumber [3] Turn left onto Wards Hill Road (just before new petrol station) [4] Turn right onto The Scenic Road [5] after the S bend turn left onto Putty Beach Drive [6] follow this road along to the end (this road becomes a dirt road) where you'll find the camp site

for more info | David & Rowena Miers
[4322-2107 <> 0428-532-665]



Check out our website:

<http://ccec youth.tk>

summerMADness 2004

Permission Slip

CAMPER DETAILS [fill out one per camper]

Name: _____ Yr: __ DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Parent/guardian Name: _____

Ph # [h]: _____ [m]: _____

Emergency contact [if parent/guardian cannot be reached] Name: _____

Ph # [h]: _____ [m]: _____



CAMPER'S HEALTH INFORMATION

- +++ Describe in full any allergies [drugs, food, environment] and the medication taken for each on a separate sheet.
- +++ Is the camper on a special diet? No Yes [If yes, give details on a separate sheet]
- +++ Does the camper take any medication? No Yes [If yes, outline dosage, purpose & times on separate sheet]
- +++ Operations or serious illness? No Yes [If yes, provide detail, date and type on separate sheet]
- +++ Can he/she swim? Yes No [How many metres: _____]
- +++ If the camper is restricted from any camp activity, please note the restriction and specify the condition involved: _____

CAMPING EQUIPMENT

Will you be able to supply a tent for camp? No Yes. If yes, how many people will it sleep? _____

CAMP COST

\$30 per camper for food and site fees. [Make cheques out to Central Coast Evangelical Church]

I give permission for my son/daughter to attend camp and my signature below indicates my willingness to permit my child to participate fully in all activities associated with the camp.

Sign: _____ Date: _____/_____/_____

