



# WINTER CAMP 2024

**6th-12th Grade: Jan. 12th @ 6pm - Jan. 14th @ 2pm**

**3rd-8th Grade: Feb. 16th @ 6pm - Feb. 18th @ 2pm**

Campers are invited to join us for 3 days and 2 nights of winter fun, friends, and faith! It's just like summer camp, but with snow tubing, hot chocolate, and a movie night! Winter Camp includes your favorite camp activities - vespers, morning watch, Bible study, nature, crafts, singing, games, and, of course, great food and fellowship! Campers stay in our winterized cabins and retreat facilities, fully supervised by trained staff.

The cost for the weekend is just \$155 per person and includes 2 nights of lodging, 5 meals, 2 snacks, a snow-tubing ticket and transportation, staff leadership, activities and supplies, a group photo, and an apparel item.



**Brethren Woods**

camp and retreat center

## BRETHREN WOODS' 2024 WINTER CAMP REGISTRATION FORM

To register, visit our website at [www.brethrenwoods.org/wintercamp](http://www.brethrenwoods.org/wintercamp) or send this completed form and \$155 registration fee to Brethren Woods at 4896 Armentrout Path, Keezletown, VA 22832. Registrations are due by Jan. 2nd or Feb. 2nd.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_  
Street and Number City State Zip Code

Home Church: \_\_\_\_\_ Church Support Contribution Amount: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Cabin-Mate Request: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_  
Name Phone Number E-mail Address

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone Number

Which Winter Camp is the camper signing up for:  January 12-14 (6th-12th Grade)  February 16-18 (3rd-8th Grade)

Information that May Be Helpful to the Camp Staff and Your Child's Counselors (hobbies or special interests, fears, bedwetting, homesickness, life situations, concerns, behavioral/medical/emotional/dietary special needs, etc.) \_\_\_\_\_

**Permission and Authorization:** I certify that the camper registering is in good health and may participate in the activities for Winter Camp. I authorize the officials of Brethren Woods to act in an emergency and give permission to the physician selected by Brethren Woods to hospitalize, secure proper treatment, and/or order injection, anesthesia, or surgery for the camper named on this form. I will abide by the camp's decision should it be necessary to send the camper home for any reason, including illness and behavior. I give Brethren Woods and partner organizations permission to use photos and video recording of the camper for publicity purposes. I agree that the camper will abide by all regulations for personal conduct and the use of camp property, will participate fully in the camp program, and will accept the camp's decision regarding area assignments.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date