



WINTER CAMP 2026

7th-12th Grade: Jan. 9th @ 6pm - Jan. 11th @ 2pm

3rd-7th Grade: Feb. 13th @ 6pm - Feb. 15th @ 2pm

Join us for 3 days and 2 nights of winter fun, friends, and faith at our Winter Camp! Experience all the best parts of summer camp with a winter twist—think snow tubing, hot chocolate, and a cozy movie night under the stars! Our days will be packed with classic camp activities like vespers, Bible study, crafts, games, and more. Plus, you'll enjoy great food and warm fellowship with friends, new and old!



Brethren Woods

camp and retreat center

Campers stay in our heated cabins and retreat facilities, fully supervised by our trained staff for a safe and memorable experience. The cost is \$185, which includes 2 nights of lodging, 5 meals, snacks, snow tubing tickets, all activities, a group photo, and a special camp swag item to remember your winter adventure!

BRETHREN WOODS' 2025 WINTER CAMP REGISTRATION FORM

To register, visit our website at www.brethrenwoods.org/wintercamp or send this completed form and \$185 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 9-11 (7th-12th Grade) ___ February 13-15 (3rd-7th 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