

# TEEN ADVENTURE WEEKEND

November 3-5, 2017

## TEEN ADVENTURE WEEKEND

Split up the first half of the school year with a spiritual boost! Enjoy a full weekend of great meals, fun activities, and soul-stirring Bible messages—all in the Blue Ridge Mountains of North Carolina. The Wilds Teen Adventure Weekend is packed to the rafters with fun for **teens in Grades 7-12!**

### ▶ ATTENTION YOUTH SPONSORS

A scholarship is available for any unsaved camper that your youth group brings as a guest to the Teen Adventure Weekend. This scholarship will cover the balance (\$74) due upon arrival.

### ▶ COST

**Total Cost: ..... \$99 per teen or adult sponsor**  
(Sponsors may bring children ages 0-24 months. Child care will not be provided. Children may not be present in any sessions. Sponsors will be housed in the Lodge and Inn and linens will be provided.)

**Registration Fee: ..... \$25 nonrefundable deposit** must accompany each form. The balance (\$74 per camper and sponsor) is due upon arrival.

### ▶ CHECK-IN

Check-in: ..... 5:00-7:30 p.m. Friday  
Program begins: ..... 8:00 p.m. Friday with supper  
Program ends: ..... 1:00 p.m. Sunday after lunch

**Speaker**  
**Ben Farrell**  
Outreach Pastor  
Colonial Hills Baptist Church, Indianapolis, Indiana



## Junior Blast Overnight

**Whether a first-timer or a veteran of our Junior Boot Camp, your child is welcome and can experience this mini-camp that will have all the feel of camp**—trained counselors, exciting games, unique activities, great camp food, and an organized program. Bring a friend and let this overnight camp raise the anticipation and quiet the anxiousness of attending summer camp. The Junior Blast is the way to “test-drive” camp and find a few answers in a short, wholesome, fun 24-hour weekend at The Wilds!

**Your child must currently be in Grades 3-6 and must be 9 years old by September 1, 2018, in order to attend.**

### ▶ COST

**Total Cost: ..... \$70 per junior or adult sponsor**  
(Sponsors may bring children ages 0-24 months. Child care will not be provided. Children may not be present in any sessions or workshops. Sponsors will be housed in the Lodge and Inn and linens will be provided.)

**Registration Fee: ..... \$25 nonrefundable deposit** must accompany each form. The balance (\$45 per camper and sponsor) is due upon arrival.

### ▶ CHECK-IN

Check-in: ..... 5:00-6:15 p.m. Friday  
Program begins: ..... 6:45 p.m. Friday with supper  
Program ends: ..... 5:30 p.m. Saturday after supper

**Speaker**  
**Bob Roberts**  
Director of RBP International - China  
Louisville, Kentucky



# Junior Blast Overnight

November 17-18, 2017

## General Information

**What to bring:** Bible, twin-size bedding, pillow, towels, toiletries, flashlight, jacket, sports clothes for activities, nice casual clothes for informal services, at least one old pair of tennis shoes, and spending money (for The Snack, Cool Beans Coffee Shoppe, General Store, Craft Shop, and Paintball). Please note that an ATM is available on the campsite for your convenience.

**Do not bring:** Alcoholic beverages, drugs, tobacco products or cigarettes of any kind, fireworks, ammunition, guns, weapons, scooters, skateboards, rollerblades, drones, magazines, apparel with inappropriate graphics or lettering. Campers should not bring cell phones or any other type of music/media device (excludes digital cameras.)

**Men's/boys' note:** Long pants/jeans are requested for service times. Fashions to the knee may be worn for other times.

**Ladies'/girls' note:** Any fashion worn must be loose-fitting and touch at least the top of the knee. Loose-fitting jeans or pants are appropriate for activity and service times.

*The Wilds reserves the right to ask anyone to change his or her outfit if, in the estimation of the staff, it does not comply with these standards.*

**Conduct:** As a Christian organization, The Wilds maintains high standards of conduct and separation. Campers who use tobacco, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or noncompliant campers will be subject to dismissal.

**Lost and Found:** Lost items not requested within 30 days will be disposed of.

**Camp Nurse:** A registered nurse will be on duty at all times.

**Meals:** All meals are included, but those on special diets should bring any needed supplements that can be prepared in a microwave.

**Late Arrival:** Should your arrival be delayed, please call the camp office at (828) 884-7811 to hold your reservations and give us an estimated arrival time.

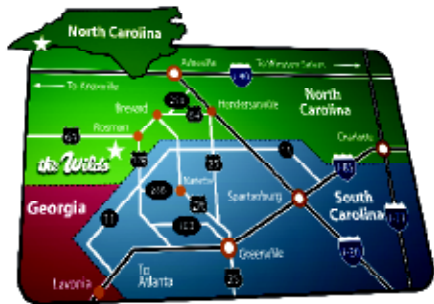
**Special note for parents:** In the event of an emergency for which you need to reach your child, you may call the camp at (828) 884-7811. The weekend is very short, so we ask that your child not use the phone except for emergencies.

**Location:** The Wilds is located in North Carolina off US Highway 178. If coming north on I-85, take Exit 1 (SC Route 11) at the Georgia-South Carolina border. After approximately 50 miles, turn left onto US 178. Four miles north of the North Carolina-South Carolina border, turn left onto Old Toxaway Road and follow the signs to the campsite.

From North Carolina on I-26, take Exit 40. Follow NC 280 West to US 64. Continue on US 64 West through Brevard to Frozen Creek Road (1.5 miles beyond the Route 178 Rosman turnoff) and turn left. Follow the signs for The Wilds.

Visit our system

GPS



### Camp Location:

Rosman,  
North Carolina

### Camp Address:

The Wilds  
1000 Wilds Ridge Road • Brevard, NC 28712-7273  
Phone: (828) 884-7811 • Fax: (828) 862-4813

### Website:

www.wilds.org

### Administrative Office:

The Wilds Christian Association, Inc.  
PO Box 509 • Taylors, SC 29687-0009  
Phone: (864) 268-4760 • Fax: (864) 292-0743

Register online at  
[www.wilds.org/register](http://www.wilds.org/register)

or complete the registration form below.

Please check which camp you are registering for:

TEEN ADVENTURE WEEKEND-November 3-5, 2017

JUNIOR BLAST OVERNIGHT-November 17-18, 2017

## CAMPER INFORMATION

Male  Female

Adult Sponsor (fill out asterisk-marked sections only)

\*Name \_\_\_\_\_  
First (Please use the name by which you are called.) Last

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Current Grade \_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

\*Home phone \_\_\_\_\_

Father's name ( ) \_\_\_\_\_

Phone \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

\*Church name \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

My choice to room with \_\_\_\_\_

(One choice only, same grade or one grade higher or lower—first and last name, please!)

### SPONSORS ONLY:

*Name of Children Attending	DOB	Gender
_____	____/____/____	M or F
_____	____/____/____	M or F

## SIGNATURE REQUIRED

"I have read the general information, and I agree to comply with the dress and conduct regulations while at camp."

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

Office Use Only

Pd \$ \_\_\_\_\_

Due \$ \_\_\_\_\_

## SIGNATURE REQUIRED

I have read the general information section in this brochure, and I agree to support The Wilds in their dress and conduct regulations for my child while at camp. I also give permission to use photos including the camper in camp publicity. In case of a medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named on this form. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct.

Signature of parent or guardian \_\_\_\_\_

## MEDICAL INFORMATION

Date of last tetanus shot \_\_\_\_\_

Allergies \_\_\_\_\_

Medication taken regularly \_\_\_\_\_

Medical conditions \_\_\_\_\_

Required Information for Campers:

## PAYMENT INFORMATION

All registrations are processed in the order they are received. To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.

Charge \$25 Deposit (nonrefundable)  Charge Total Amount



Credit Card Number \_\_\_\_\_

Billing zip code \_\_\_\_\_ Exp. Date \_\_\_\_\_ CV# \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

**Youth Sponsors Only:** Check this box  if you are applying for a scholarship for this individual. Call our office for information on how teens qualify. **This is only available for Teen Adventure Weekend.**

Register Online: [www.wilds.org/register](http://www.wilds.org/register)

Mail to: The Wilds • PO Box 509 • Taylors, SC 29687-0009

Phone: (864) 331-3293 • Fax: (864) 331-3294

E-mail: [tw.fall.camps@wilds.org](mailto:tw.fall.camps@wilds.org)