the Wilds

Victory at Sea 2017

Junior Boot Camp

A Lasting Impression

Anchors aweigh, mateys! It's all hands on deck as we chart a course for deep, blue water in Junior Boot Camp's action-packed adventure theme. This voyage is not for land lubbers, but for the hale and hearty campers destined to win the great "Victory at Sea." You will be part of the action on the oceans of the world as your ship's company boards for bombastic games, great chow, unique Freetime activities, and outstanding preaching in the Port of The Wilds! Don't miss this sea-going excitement!

Registration Information

Registrations are processed in the order they are received. A **nonrefundable $50 deposit** per person must accompany each form. Balance is due upon arrival at camp. Please be aware that some weeks of camp may be full several weeks prior to Early Bird, so please call for availability.

Junior Camp Eligibility

Must be at least 9 years old by September 1, 2017
Must be entering Grades 4-7 in the fall of 2017

Regular Price: $345

Discounts:

Early Bird: $315 (registrations received or postmarked **by** February 3, 2017)

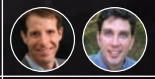
August 7-12: $299 (additional Early Bird discount does not apply)

Sponsor Rate: $315 Sponsors may bring non-camp age children (0-8 years old) to any week of summer camp. Please note that we do have **limited space**, available on a first-come, first-served basis. Childcare will **not** be provided. Children may not be present in any service or session.

Child Costs:

Age 0-2: Free
Age 3-5: $50
Age 6-8: $100

Schedule

June 5-10	Mark Herbster/Bob Roberts	
June 12-17	Mark Herbster/Bob Roberts	
June 19-24	Mark Herbster/Ron DeGarde	
June 26-July 1	Mark Herbster/Bob Roberts	
July 3-8	Mark Herbster/Bob Roberts	
July 10-15	Mark Herbster/Bob Roberts	
July 17-22	Mark Egerdahl/Bob Roberts	
July 24-29	Mark Herbster/Bob Roberts	
July 31-Aug 5	Andy Gleiser	
Aug 7-12	Mark Herbster/Bob Roberts	

REGISTRATION FORM FOR TEEN & JUNIOR CAMPS 2017

Please Select a Program:

❑ **Junior Boot Camp**
(Grades 4-7 & must be age 9 by Sept. 1, 2017)

❑ **Teen Camp**
(Grades 7-12 & must be age 12 by Sept. 1, 2017)

Please Select a Week:

	Junior Speaker	Teen Speaker
❑ June 5-10	Herbster/Roberts	Farrell
❑ June 12-17	Herbster/Roberts	Pettit
❑ June 19-24	Herbster/DeGarde	Skelly
❑ Jn. 26-Jl. 1	Herbster/Roberts	Kittrell
❑ July 3-8	Herbster/Roberts	Gleiser
❑ July 10-15	Herbster/Roberts	Herbster
❑ July 17-22	Egerdahl/Roberts	Galkin
❑ July 24-29	Herbster/Roberts	Farrell
❑ Jl. 31-Aug. 5	Gleiser	Herbster
❑ Aug. 7-12	Herbster/Roberts	Gleiser

Name _____

Grade in Sept. 2017 _____

Age _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home phone _____

E-mail: _____

❑ Check this box if you do NOT want to receive periodic updates regarding the ministry of The Wilds.

My choice to room with _____
(One choice only, first and last name, see *Grade Level Breakdown)

Church name _____

City _____ State _____

Pastor _____

❑ Male Camper
❑ Female Camper
❑ Male Sponsor
❑ Female Sponsor

❑ Church Group
❑ Individual

NOTE: MAILED, SCANNED, FAXED, OR HAND-DELIVERED REGISTRATIONS WILL INCUR A $10 PROCESSING FEE.

Office Use Only

_____

Pd $ _____

Reservations are confirmed when the completed registration form and the required **nonrefundable $50 deposit** are received in our office.

Contact Info:
The Wilds • PO Box 509 • Taylors, SC 29687-0009
Phone: (864) 331-3286 • Fax: (864) 331-3285
E-mail: tw.summer.camps@wilds.org

Use this address AFTER May 24, 2017:
The Wilds • 1000 Wilds Ridge Road
Brevard, NC 28712-7273

***Grade Level Breakdown:**
7-9th Grade • 9-11th Grade
10-12th Grade • 11th-2017 Grad

Signatures Required *for application to be processed*

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

_____
Signature of camper

"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 for the camper to be included in any photos, recorded images, or any other transmission or reproduction for the purpose of camp publicity. In case of 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 above. 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

Father's name _____

Phone ( ) _____ E-mail _____
❑ Business ❑ Cell ❑ Home

Address _____

City _____ State _____ Zip _____

Mother's name _____

Phone ( ) _____ E-mail _____
❑ Business ❑ Cell ❑ Home

Address _____

City _____ State _____ Zip _____

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 **$50 Deposit (nonrefundable)** ❑ Charge Total Amount

Card Number _____ Exp. Date _____ CVV# _____

Print name as it appears on card _____ Billing Zip Code _____

Signature of cardholder _____

Medical Information
Please print clearly.

Camper's physician _____

Phone ( ) _____

Each camper must be immunized against the following according to H.H.S. standards: polio, measles, mumps, rubella, diphtheria, tetanus, whooping cough.

Date of last tetanus shot _____

Medication taken regularly _____

_____

_____

Reasons for taking medication _____

_____

Specific Allergies:

Medication _____

Insects _____

Food _____

Other _____

Type of allergic reaction _____

Treatment given _____

Preexisting medical conditions _____

_____

Specific activities to be restricted _____

_____

Reason for restriction _____

_____