## **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, and Craft Shop). An ATM is available on the campsite for your convenience, and our stores and vending machines accept major credit cards.

**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, smart watches, or any other type of music/media device (excludes digital cameras).

Ladies/Girls Dress: Clothing should be loose-fitting and come at least to the top of the knee. Please no low necklines or narrow sleeveless/tank tops. For evening and Sunday services, we encourage classy casual dress—please avoid athletic-wear. For water activities, please wear dark shirts and shorts over swimwear. For girls-only swim times, a one-piece swimsuit or a tankini that overlaps at the waist is acceptable.

**Men/Boys Dress:** Clothing should be loose-fitting and come at least to the top of the knee. Please no gaping tank tops. For evening and Sunday services, we encourage classy casual dress—please avoid athletic-wear. For water activities, please wear dark shirts and shorts/swim trunks. For boys-only swim times, shirts are not required.

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.

By attending any camp program at The Wilds, campers authorize any photos or videos taken of them may be used for marketing purposes.

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

Camp Nurse: A registered nurse will be available at all times.

Meals: All meals are included; those on special diets must bring their own necessary supplements that can be prepared in a microwave.

Late Arrival: If your arrival is delayed, please call the camp office at (828) 884-7811 to hold your reservation. Meals can be held no later than one hour after the scheduled meal 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 near Rosman, North Carolina. 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 5.5 miles to the camp.

Visit our website for more detailed directions at www.wilds.org Some online maps and/or GPS systems do not give accurate directions.



Camp Location: Rosman, North Carolina

Camp Website: www.wilds.org

#### Camp Address: The Wilds

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

#### Administrative Office:

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



FRIDAY-SUNDAY | NOVEMBER 7-9, 2025

# TAKE A BREAK FROM SCHOOL FOR A SPIRITUAL BOOST!

Enjoy a full weekend of new friendships, fun activities, and soul-stirring Bible messages at The Wilds. Teen Adventure Weekend is overflowing 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 (\$75) due upon arrival.

### COST

Total Cost: \$100 per teen or adult sponsor

(Sponsors may bring children ages 0-24 months. Child care will not be provided, and 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 registration fee must accompany each form. The balance (\$75 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**

#### Mike Washer

Pastor, International Baptist Church Spartanburg, South Carolina

Director, National Hoops Ministries Spartanburg, South Carolina





# CAMPER INFORMATION ----

□ Male □ Female		
☐ Adult Sponsor (fill out asterick-market	d sections only)	
*Name First (Please use the name by which you are	e called.) Last	
*Date of Birth/Age	Current Grade _	
*Address		
*City *State	*Zip	
*Home Phone ( )		
*Email		
Father's or Legal Guardian's Name		
Phone (		
Email		
Mother's or Legal Guardian's Name		
Phone (		
Email		
*Church Name		
*City *State	*Zip	
My choice to room with		
(One choice only, same grade or one grade higher or I	ower—first and last name, p	olease!)
SPONSORS ONLY:		
*Names of Children Attending	DOB	Gende
	/ /	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

## 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 my child 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

Required Information for Campers:
Date of last tetanus shot
Allergies
Medication taken regularly
Medical conditions

# PAYMENT INFORMATION

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

$\hfill \square$ Charge \$25 <b>nonrefundable reg fee</b> $\hfill \square$ Charge full amount	DISCOVER	MasterCard	VISA
Card Number	E	xp. Date _	
3-digit CW Number Billing Zip Cod	de		
Signature			

**Youth Sponsors Only:** Check this box  $\square$  if you are applying for a scholarship for this individual. Call our office for information on how teens qualify.

## **REGISTER ONLINE: www.wilds.org/register**

Mail to: The Wilds · PO Box 509 · Taylors. SC 29687-0009 Phone: (864) 331-3293 · Fax: (864) 331-3294 · Email: tw.fall.camps@wilds.org