

REGISTRATION FORM

Pre-registration fee = \$10 per person, this applies to your total camp fee. Pre-registration due date is June 30th.

****AFTER June 30th, there is an extra \$10 per person fee.**

WEEKLY FAMILY RATES:

(Includes registration, materials, insurance, and meals)

1st individual (age 11+): # ____ x \$100.00 = \$ ____

2nd individual (age 11+): # ____ x \$ 85.00 = \$ ____

All family members 11+: # ____ x \$ 65.00 = \$ ____

Children (ages 4—10): # ____ x \$ 45.00 = \$ ____

TOTAL (family cap of \$375.00) = \$ ____

Additional costs per family:

Cabins with Bathrooms: \$10.00/day x # ____ = \$ ____

Daily Rates:

Lodging insurance: \$10.00/night x # ____ = \$ ____

Meals: Adults \$6.00 per meal x # ____ = \$ ____

Children (4-11) \$4.00/meal x # ____ = \$ ____

Children (1-3) x \$1.50/meal x # ____ = \$ ____

GRAND TOTAL = \$ ____

PRE-REGISTRATION IS A MUST TO SECURE A SPOT
AND TO HELP IN MAKING ARRANGEMENTS FOR
FOOD PURCHASES AND PREPARATION.

Pre-registration fees are NOT refundable if you are unable to attend. If you have special dietary needs, please specify or let the cooks know.

Camp scholarships are available through most of the participating churches. Check with your pastor. There are also funds designated for scholarship through the camp. Contact the camp registrar, Maureen Smith, for more details and availability.

Housing preference will be given to those who are attending camp for the most days.

Please make checks payable to:

Mt. Carmel Camp

Send to: Maureen Smith (Registrar)

11271 88th St. NE

Osnabrock, ND 58269

Pre-register
online!!



Family Camp 2020

July 8-12, 2020

Wednesday, July 8

2:00 p.m. Registration

5:30 p.m. Supper

7:00 p.m. Evening Service

Camp concludes with a noon meal on
Sunday, July 12.

Contact Us

Mt. Carmel Camp
6301 5th Ave N
Towner, ND 58788

701-728-6951 (during camp only)
701-256-5933

dmsmith@utma.com
www.mtcarmelcamp.net

Mt. Carmel Camp

Maureen Smith (Registrar)
11271 88th St. NE
Osnabrock, ND 58269



Activities for All Ages

- Family Devotions
- Biblical Teaching for 3yrs+
- Inflatables
- Sand Hill
- Volleyball/Basketball
- Pedal Bikes
- Zip Line
- Family Games
- Bonfires
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***NO** pets allowed unless in personal campers.

*Counselors are **NOT** provided. Youth must be housed and are the responsibility of the adults who bring them.



2020 Family Camp:

CAMP SPEAKER

Derry Long has been a lifelong friend of Mt. Carmel Camp. He grew up east of Williston, ND and attended Mount Carmel throughout his childhood. He has served as pastor, church planter, superintendent and staff member of Evangelical Churches for 45 years. Currently, he is a professor-at-large for OMS and has taught leaders and has taught in academic settings in South Korea, The Philippines, Bangladesh, India and will be in Japan in 2021. He became a Christian at a Lowell Lundstrom crusade in Williston, ND just after graduating from high school and has a passion for helping people discover and live in their identity in Christ.



Derry and Marcy have been married for 49 years and live in Bozeman, MT. They have 3 children and 5 grandchildren.

CAMP MISSIONARIES

Bryan and Molly Canny are career missionaries with Evangelical Church Missions serving in Bolivia, South America. Molly (Treiber) served from 2006-2009 in Bolivia working in children's ministry and teaching at the Santa Cruz Christian Learning Center. Bryan and Molly met in July 2009, married in May 2010 and arrived in Santa Cruz, Bolivia in April 2011 to follow God's call to serve together.



Bryan graduated from Vennard College in 2006 with degrees in Pastoral Ministries and Bible. Molly graduated from Grace University in 2006 with degrees in Elementary Education and Bible. Bryan and Molly have three beautiful daughters, Cecilia, Liliana, and Adelina.

MEDICAL AUTHORIZATION FORM:

(Form must be submitted for each camper/family)

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: (____) _____

Email: _____

List each additional family member:

2. _____
Age: _____ Sex: M or F Grade: _____

3. _____
Age: _____ Sex: M or F Grade: _____

4. _____
Age: _____ Sex: M or F Grade: _____

Emergency Contact: _____

Phone (____) _____

* This application is complete and accurate to my knowledge. I hereby give permission for the person(s) named on this application to participate fully in the program. In the event of illness or injury, I also give permission for the physician, dentist, or other health professional selected by the Camp Director to order such tests and treatment as is deemed necessary to safeguard my health and the health of the person(s) listed above and, in the event that I cannot be reached in an emergency, I authorize the physician selected by the Camp Director to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for the person(s) as named above.

We have read all of the camp brochure and accept the conditions of enrollment and abide by all camp guidelines and rules. We also give Mt. Carmel Camp the right to use any photograph of the person(s) listed above for promotional purposes.

Parent/Guardian Signature

Date