

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!!



Mt. Carmel Family Camp 2019

July 10-14, 2019

Wednesday, July 10

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 14.

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
-

***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.



2019 Camp Theme: Made for More CAMP SPEAKER



Bryan Baker has been the pastor of the Big Timber Evangelical Church for the last 19 years. Bryan and Kim have been married for 21 years. They have two children, Caleb (17) and Levi (15).

Bryan sits on the Board of Montana On A Mission, an international non-profit missions agency that takes to love of Christ to people around the world. MOM is currently working in Romania, the Philippines, Kenya, and at home in Montana and around the United States. Bryan is on the Board of Ministry for the Western Conference of the Evangelical Church and the Commission on the Discipline for the Evangelical Church. In addition, Bryan is a Leadership and Disciple Coach.

CAMP MISSIONARIES

Carl and Teresa Poynter have been serving with One Mission Society since May 2010. In 2012, they answered the call to Men for Missions (a ministry of OMS) as the regional directors. The Poynters' main focus is to be obedient to the Lord and spread the Gospel of Jesus Christ. They have a burning desire to serve others and to see the lost come to know Jesus Christ.

Carl & Teresa have two sons, Curtis and Justin. They currently serve in their church in Dayton, Ohio. Carl serves on the mission board there as well as a trustee while Teresa serves through music ministry.



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