



A Ministry of Peachtree Baptist Church at

CAMP FAIRVIEW

Dates of Camp: July 16-21, 2018

Cost of Camp: \$160

We now offer payment by card online through PAYPAL!

No fee if using the friends and family payment option on Paypal. Please add a \$5 fee if not used.

Make checks payable to: Peachtree Baptist Church

Mail checks and applications at least two weeks in advance of camp to:

Peachtree Baptist Church

3867 Hwy 85

Senoia, GA 30276

Contact Phone: 770-599-6888

Physical Location of Camp Fairview:

820 County Rd. 674

Riceville, TN 37370

Purpose

Supplies List

- PREACH CHRIST
- DEVELOP CHRISTIAN CHARACTER
- KJV BIBLE
- NOTEBOOK AND PEN
- BED LINENS (SHEETS, PILLOW, OR SLEEPING BAG)
- BOYS CLOTHING
 - Chapel Dress (casual pants and shirts)
 - Recreational clothing (loose fitting, water resistant knee length or longer)
 - Swim trunks
 - Neat and orderly appearance (hair cut, no piercings)
- GIRLS CLOTHING
 - Chapel Dress (casual skirts, tops, and dresses)
 - Recreational Clothes (loose fitting, water resistant, knee length or longer)
 - Modest Bathing Suit (one piece or tankini)
 - Neat and Modest appearance
- SPENDING MONEY

Please keep this page for your reference

**Supplies List
Cont.**

- SMILE AND A GOOD ATTITUDE
- REUSABLE WATER BOTTLE
- ANYTHING CAMO
- BATH ITEMS
 - Deodorant
 - Soap
 - Shampoo
 - Toothbrush/Toothpaste
 - Shower flip/flops
 - Towel(s)

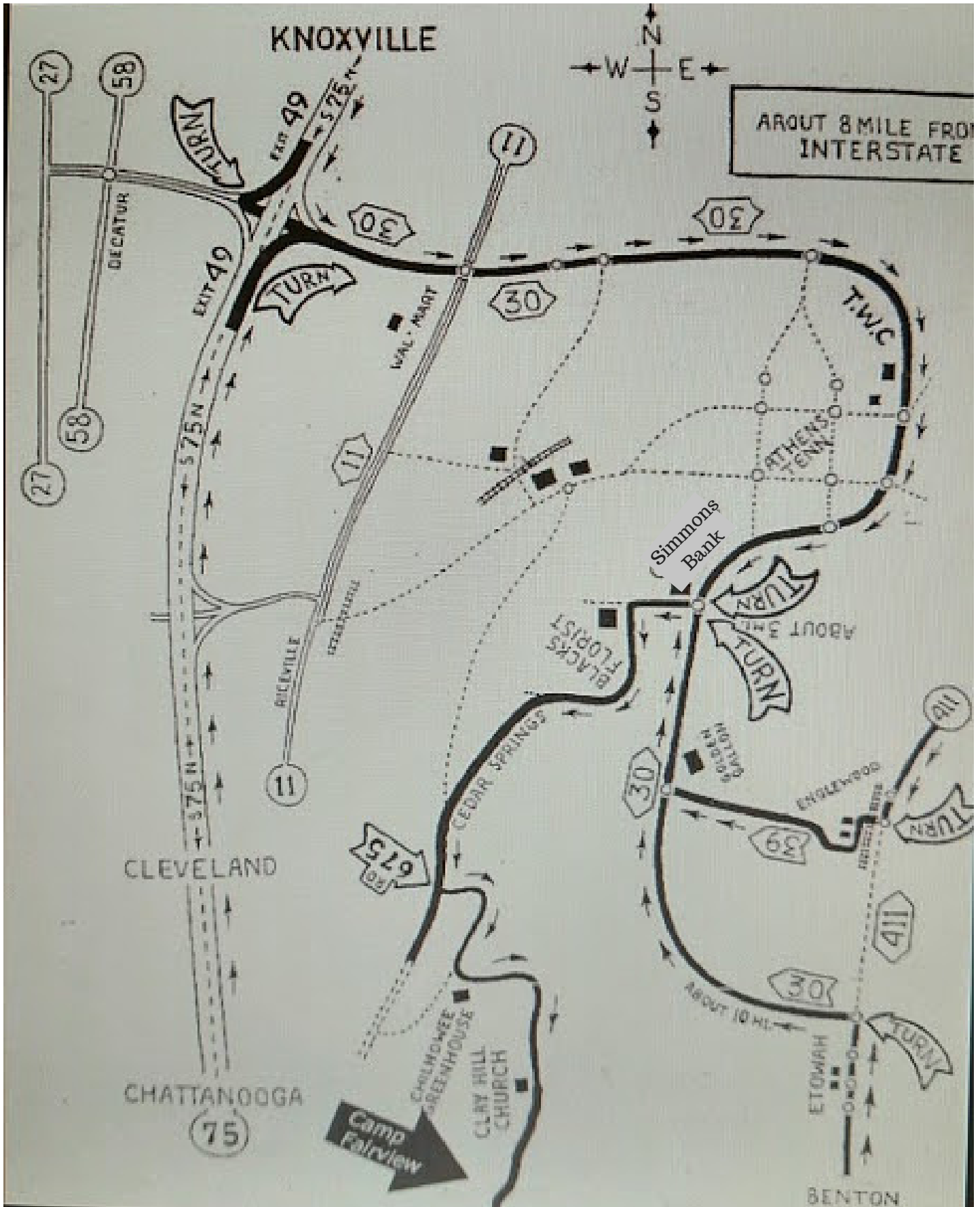


PHONING OR TEXTING IS PERMITTED ONLY FOR EMERGENCIES.

Please keep this page for your reference

MAP TO CAMP FAIRVIEW

Please keep this page for your reference



July 16-21, 2018
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CAMP FAIRVIEW

Please return this page to Peachtree Baptist Church

Name

Address

Camper or Parent's Email

Date of Birth M/D/Y

Name of Parents/Guardian

Name of Home Church

Name of Pastor

Pastor's or Church's Email

Parent Agreement

"I give consent for my child to attend Camp Fairview and will not hold the organization or sponsors liable in case of sickness or accident."

Parent Signature _____ Phone Number _____

Camper Agreement

"I desire to attend Camp Fairview and will do so at my own risk and responsibility. Also, I am willing to abide by all camp rules and regulations."

Camper's Signature _____

Camper's Health Certificate

Camper's Parent or Guardian must fill out this Health Certificate.

Please answer ALL questions.

Camper's Name _____ Age _____ Grade Next Yr. _____

Address _____ City/State _____ Zip _____

Phone _____ Height _____ Weight _____ Sex _____

Past Illnesses

<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Spinal Meningitis
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Polio	<input type="checkbox"/> Scarlet Fever

Has Camper Ever Had?

<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Abscessed Ears	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Poor Appetite
<input type="checkbox"/> Fainting	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Constipation
<input type="checkbox"/> Frequent Stomach Upsets		

Has Camper Had Inoculations, And Are They Up To Date?

Camper is Allergic To: _____

Will Camp Need to Receive Regularly Prescribed Medication While At Camp?

(All medication will need to be given to the appropriate camp counselor upon arrival. Please describe medication) _____

Doctor's name and contact information:

I agree not to permit my child to attend Camp Fairview if he has been exposed to any contagious or infectious disease, and will cancel his reservation at once. In case of emergency, I grant permission to the physician selected by the Camp Director to render proper treatment for my child. The parents will assume any coverage which camp insurance does not include.

Signature of Parent or Guardian _____ Address _____

Phone: Day _____ Evening _____

