

A Ministry of Peachtree Baptist Church at
CAMP FAIRVIEW

Dates of Camp: July 18-23, 2022

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

Contact Email: peachtreese secretary@hotmail.com

Physical Location of Camp Fairview:

820 County Rd. 674, Riceville, TN 37370

Purpose

- Preach Christ
- Develop Christian Character
- KJV Bible

Supply List

- 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
- Rafting Clothes (need a different set than for swimming)
- 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)
- Rafting Clothes (Same as above)
- Modest Bathing Suit (one piece or tankini)
- Neat and Modest appearance

SPECIAL ITEM



Please keep this page for your reference

Supplies List cont.

- SPENDING MONEY
- REUSABLE WATER BOTTLE
- BATH ITEMS
 - Deodorant
 - Soap
 - Shampoo
 - Toothbrush/Toothpaste
 - Shower flip/flops
 - Towel(s)

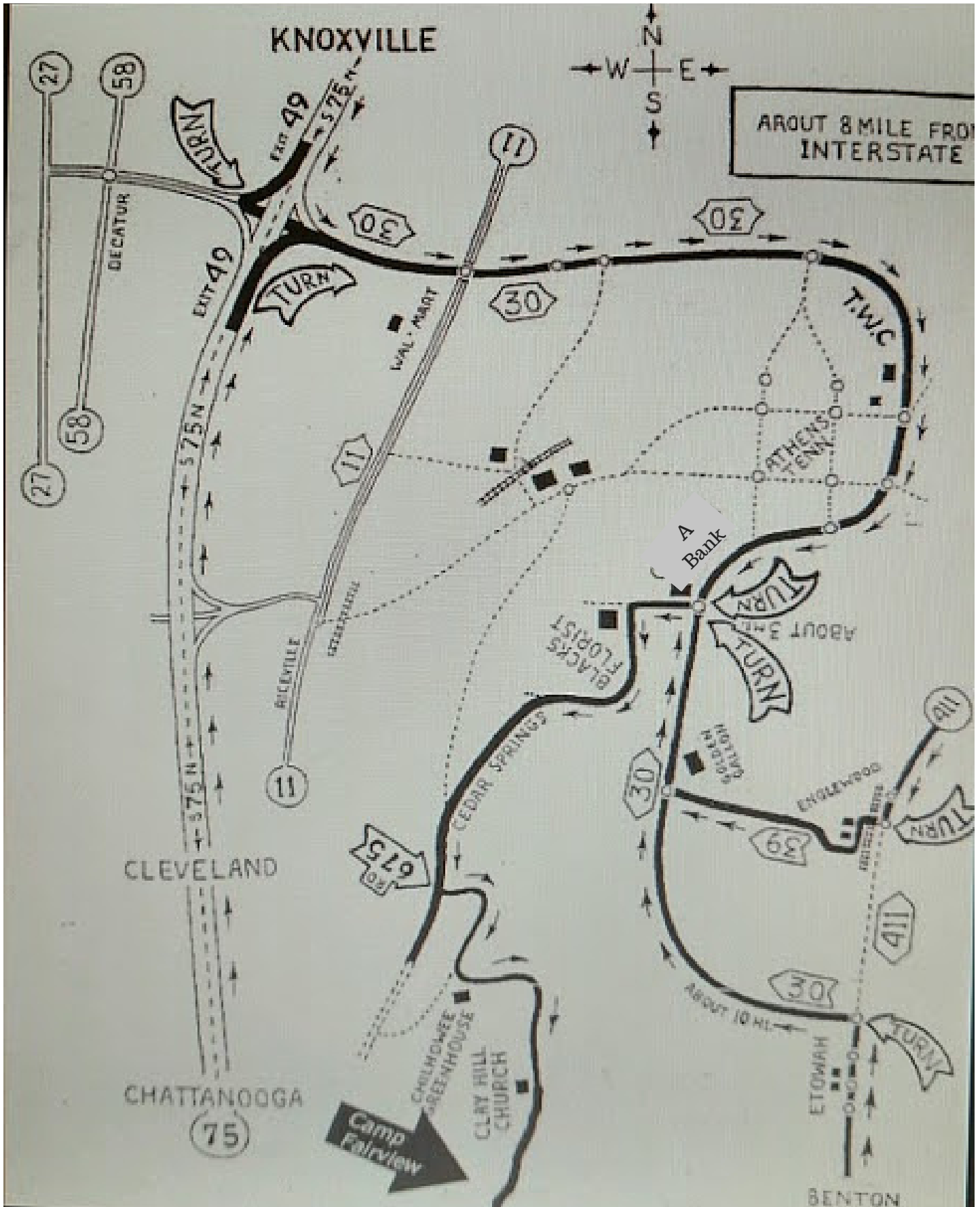


PHONING OR TEXTING IS PERMITTED ONLY FOR EMERGENCIES.

Please keep this page for your reference

MAP TO CAMP FAIRVIEW

Please keep this page for your reference



July 18-23, 2022

A Ministry of Peachtree Baptist Church at

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

___ Hepatitis

___ Mononucleosis

___ Spinal Meningitis

___ Appendicitis

___ Heart Trouble

___ Rheumatic Fever

___ Convulsions

___ Tuberculosis

___ Diabetes

___ Epilepsy

___ Polio

___ Scarlet Fever

Has Camper Ever Had?

___ Frequent Colds

___ Sore Throat

___ Sinusitis

___ Asthma

___ Abscessed Ears

___ Kidney Trouble

___ Athlete's Foot

___ Sleepwalking

___ Poor Appetite

___ Fainting

___ Bed Wetting

___ Constipation

___ 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 _____

