

LANDMARK YOUTH CAMP

JULY 25TH – 29TH, 2011

“I AM WASHED IN THE BLOOD OF THE  
LAMB”

CAMP FEE: \$75.00

(PLEASE MAIL FEE WITH APPLICATIONS)

PLEASE HAVE APPLICATIONS FOR  
CAMPER

AND COUNSELORS TO US BY:

JULY 18TH, 2011

MAIL TO:

LANDMARK TABERNACLE

C/O YOUTH CAMP

P.O. BOX 115

MCGAHEYSVILLE, VA 22840

LANDMARK YOUTH CAMP  
McGAHEYSVILLE, VIRGINIA

HELLO CAMPERS AND WORKERS,

IT IS THAT TIME OF YEAR AGAIN AND WE ARE EXCITED ABOUT THIS BEING THE 17<sup>TH</sup> YEAR OF YOUTH CAMP AND ALL THE LORD HAS DONE IN THE YEARS PAST AND WHAT THE LORD IS GOING TO DO THIS YEAR.

WE WOULD LIKE TO PERSONALLY INVITE YOU TO ATTEND THIS YEAR AND COME EXPECTING THE LORD TO MAKE A CHANGE IN YOUR LIFE AND ALLOW HIM TO WORK. THE THEME OF THIS YEAR'S CAMP IS "I AM WASHED IN THE BLOOD OF THE LAMB".

THINGS YOU WILL NEED TO BRING TO CAMP ARE:

1. BIBLE
2. TOILETRIES (SOAP, SHAMPOO, ECT.....)
3. BALL GLOVE
4. BEDDING (SLEEPING BAG, OR SHEETS AND BLANKET, PILLOW)
5. TOWELS/WASH CLOTHES

IF YOU HAVE ANY QUESTIONS OR WE CAN HELP IN ANY WAY, PLEASE CALL BRO IRVIN OR SIS. DAWN @ 252-312-8967 / 252-312-8968 OR BRO KEITH POWERS @ 540-607-0928

LOVE,

BRO IRVIN AND SIS DAWN

# **LANDMARK YOUTH CAMP RULE SHEET**

## **GIRL'S DRESS CODE:**

At no time will there be allowed the wearing of pants, shorts, culottes, or miniskirts. The wearing of tank tops, revealing neck lines or sheer clothing will not be allowed. All dresses and skirts must be **BELOW THE KNEES!!** (All knee length shorter skirts must come below the knees when standing and setting. When crossing your legs, the skirt must cover both knees at a decent length. NO sweaters or coats will be used to cover your legs to make the skirt wearable.) No sleeveless dresses or blouses will be allowed. Jewelry such as necklaces, earrings or anklets or body piercing will not be worn on the grounds at any time. The wearing of make-up (eye shadow, mascara, rouge, fingernail or toenail polish) is not permitted and will be asked to be removed while on the grounds.

## **BOY'S DRESS CODE:**

At no time will there be allowed the wearing of shorts, cutoffs, jams or tank tops. Your shirt must be buttoned and worn at all times. The wearing of jewelry (Necklace or earrings or body piercings) will not be allowed on the camp grounds. Hair length will be above the collar and above the ears.

## **RULES:**

1. NO tobacco, alcohol or narcotics of any kind on the camp grounds
2. THERE WILL BE NO CELL PHONES ALLOWED DURING CAMP TIME  
(Cell phones will be collected at registration and returned Friday after church service)
3. NO radios, CD players or digital music players of any kind are allowed on the premises. (IF AT ANYTIME THE CAMP OFFICIALS FEEL QUESTIONABLE OF UNFIT CONDUCT RELATED TO THIS RULE, WE HAVE THE RIGHT TO SEARCH THE CAMPER'S BAGS OR LUGGAGE AT ANYTIME.)
4. No secular advertisement will be allowed on the clothing of each camper.  
(Suggestive wording, pictures, secular sports teams, players, music groups, cigarette or alcohol advertisements)
5. All campers must be on time and attend all services and activities involving Youth Camp schedule.
6. There will be no hugging, kissing or holding of hands on Youth Camp grounds. There must be at least TWO FEET between male and female campers at ALL times. Campers are not to pair off in dark or secluded places.
7. THE CAMP RULES INCLUDE, BUT ARE NOT LIMITED TO ALL THE RULES AS LISTED ABOVE. ANY OTHER RULE DEEMED TO BE NECESSARY BY THE PROPER CAMP OFFICIALS MUST BE FOLLOWED.

**LANDMARK YOUTH CAMP  
McGAHEYSVILLE, VIRGINIA**

**CAMPER APPLICATION – PAGE 1 OF 2**

**CAMPER INFORMATION:**

NAME: FIRST \_\_\_\_\_ LAST: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

PARENT/GUARDIAN NAME: FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME:

\_\_\_\_\_

RELATIONSHIP TO CAMPER:

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

**SPIRITUAL INFORMATION:**

NAME OF CHURCH: \_\_\_\_\_

PASTOR: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

**(Continued on Back)**

**CAMPER APPLICATION – PAGE 2 OF 2  
AGREEMENT**

I AM AWARE OF THE CAMP POLICIES AND GUIDELINES. I UNDERSTAND THAT THIS IS A CHURCH RELATED CAMP AND THAT CERTAIN STANDARDS OF CONDUCT WILL BE REQUIRED OF THE CAMPER. I AGREE TO ABIDE BY THE CAMP RULES. I AGREE TO DEMONSTRATE RESPECT FOR THE CAMP STAFF AT ALL TIMES. I UNDERSTAND THAT IF I FAIL TO KEEP MY AGREEMENT, I MAY BE ASKED TO LEAVE THE CAMP.

**CAMPER’S SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

AS PARENT/GUARDIAN, I HAVE READ THE CAMP POLICIES AND GUIDELINES AND REVIEWED THEM WITH MY CHILD. I ACCEPT AND EXPECT MY CHILD TO ABIDE BY THEM. I WILL BE RESPONSIBLE FOR ANY AND ALL PROPERTY DAMAGE BY MY CHILD WHEN HE/SHE IS AT CAMP. IF AT ANYTIME THE CAMP STAFF FEELS MY CHILD HAS VIOLATED THEIR AGREEMENT I WILL BE RESPONSIBLE TO MAKE ARRANGEMENTS TO PICK MY CHILD UP. IN CASE OF A SIMPLE ACCIDENT OR ILLNESS, THE HOSTING PASTOR/CAMP DIRECTOR WILL CONTACT ME IMMEDIATELY, GRANT PERMISSION FOR THE LICENSED PHYSICIAN AND MEDICAL FACILITY SELECTED BY HOSTING PASTOR/CAMP DIRECTOR TO TAKE ALL NECESSARY STEPS TO INSURE MY CHILD’S HEALTH.

**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**LANDMARK YOUTH CAMP  
McGAHEYSVILLE, VIRGINIA**

**CAMPER'S REQUIRED MEDICAL INFORMATION**

**CAMPER'S NAME:** \_\_\_\_\_

ARE YOU ALLERGIC TO ANY MEDICATION? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE LIST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER ALLERGIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE LIST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES CAMPER TAKE MEDICATION? : YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF SO, WHAT AND HOW OFTEN?

(MEDICATION WILL BE TURNED INTO THE COUNSELOR TO GIVEN TO CAMPER AS INSTRUCTED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFY ANY NORMAL CAMP ACTIVITY THAT CAMPER MAY NOT PARTICIPATE IN BECAUSE OF MEDICAL CONDITION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(SIGNATURE REQUIERD ON BACK OF MEDICAL PAGE)

**MEDICAL INFORMATION – PAGE 2 OF 2**

**AS PARENT/GUARDIAN INCASE OF A SIMPLE ACCIDENT OR ILLNESS, THE HOSTIN PASTOR/CAMP DIRECTOR MAY MAKE NECESSARY ARRANGEMENTS. IF THE ACCIDENT OR ILLNESS IS SERIOUS, I REQUEST THE HOSTING PASTOR/CAMP DIRECTOR TO CONTACT ME IMMEDIATELY, GRANT PERMISSION FOR THE LICENSED PHYSICIAN AND MEDICAL FACILITY SELECTED BY THE HOSTING PASTOR OR CAMP DIRECTOR TO TAKE ALL NECESSARY STEPS TO INSURE MY CHILDS HEALTH.**

**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_