

*Southeastern Church of Christ Bible Camp
2015 Application*

Please fill out a separate application for each camper attending.

Name of Camper _____

Address _____

City _____ State _____ Zip _____

Grade COMPLETED (min. 1st grade) _____ Date of Birth _____ Sex _____

Phone _____ Daytime Emergency Phone _____

Alternate Contact and Phone _____

Church home _____

Have you ever attended Spring Mill Bible Camp before? _____

Will you need transportation **to** camp? _____

Will you need transportation **from** camp? _____

Will you need transportation **to and from** camp? _____

Camper Costs

Application Fee per family (includes group picture and canteen money):

One camper - \$120

Two campers - \$215

Three or more campers - \$300

TOTAL INCLUDED WITH APPLICATION: _____

*Make checks payable to Southeastern Church of Christ

COMPLETE AND RETURN TO:

Southeastern Church of Christ

6500 Southeastern Avenue

Indianapolis, IN 46203

**Applications should be completed and turned in no later than Wednesday,
June 17, 2015. Refunds will not be given after this date.**

**Legal Agreement with Guardian & Consent for Medical
Treatment of a Minor**

It is necessary for the parents to assume the responsibility for the applicant. Below is a legal agreement for this purpose which the parent or guardian must sign and return with the application.

I, _____ of
(Parent/Guardian Name)

_____ do hereby state that I am the
(Address)

parent or legal guardian of _____
(Child's Full Name)

a minor _____ born _____ in consideration
(Age) (Date of Birth)

for acceptance to the Southeastern Church Bible Camp (SCBC), we covenant and agree with the Southeastern Church Bible Camp (SCBC), that we at all times hereafter keep indemnified and save harmless the said Southeastern Church Bible Camp (SCBC), of which it may pay, sustain, or incur as a result of illness, accident, or misadventure to the above applicant, during the period said applicant is a participant in SCBC. In case of an accident or sickness, I hereby authorize the Camp Directors or Camp Nurse to sign a consent for treatment of the applicant by a doctor, or be admitted to the hospital.

I will be personally responsible for expenses incurred for the medical treatment for the applicant. This is effective from the dates of 6/28/15 thru 7/03/15.

Dated this _____ day of _____ 2015.

(X) Guardian's signature _____

Medical insurance carrier _____

ID # _____ Expiration Date _____

Family doctor/phone _____

Date of last Tetanus shot _____ Top Bunk (circle) YES NO

Please check the medication permitted to be given to above named child:

Decongestant (ex. Dristan)	_____	Ibuprofen	_____
Hydrocortisone cream	_____	Antacid (ex. Tums)	_____
Cough Syrup	_____	Throat/cough	_____
Acetaminophen (ex. Tylenol)	_____	Neosporin	_____
Benadryl	_____	Orajel	_____
Mucinex/Robitussin	_____	None of above	_____

Medications _____

THINGS TO BRING: Bible, notebook, pencil, bedding, towels, toilet articles, week's supply of modest clothing (shorts are allowed; however, they should not be shorter than the ends of the child's fingers when they rest their arms at their sides; also, tank tops are not allowed), comfortable shoes (2 pair suggested), jacket, fan (1 only), flashlight, sunscreen, bug spray.

THINGS NOT TO BRING: Ipods, MP3 players, firearms, tobacco, drugs, axes, fireworks, knives, musical instruments. Guidelines also apply to all visitors.

ACTIVITIES: Campers will participate in daily Bible classes, chapel, singing, and a variety of recreational activities, including basketball, volleyball, field games, Spring Mills State Park and much more!

THEME NIGHTS:

- Retro Night (Monday)
- Camouflage Night (Tuesday)
- Favorite Bible Character Night (Wednesday)
- Red, White and Blue Night (Thursday)

(Participation will be rewarded!!!)



Send personal mail during camp session to:

Spring Mill Bible Camp
"Camper's Name"
2830 State Road 60 East
Mitchell IN 47446



**Southeastern Church of Christ
Spring Mill Bible Camp – Mitchell, Indiana
June 28th – July 3rd, 2015**

2015 Bible Camp Notes

We encourage you to send mail to your camper(s) at the following address:

Spring Mill Bible Camp
Camper Name
2830 State Road 60 East
Mitchell, IN 47446

Contact Info: (812)-849-3111 – Spring Mill Bible Camp
(317)-418-0862 – Steve Faidley
(317)-250-8123 – Melanie Faidley
faidleys@comcast.net

Departure: Southeastern Church of Christ at 2:00 p.m. on Sunday,
June 28.

Friday, July 3: Lunch/Check out at 12:00 p.m. / Departure for Indy at
1:00pm

*****Parents, if campers are not riding the bus home, please arrive at
camp*****
to pick them up no later than noon on Friday.

Arrive Indy: Friday, July 3 approx. 3:00 p.m. at Southeastern Church
of Christ

We invite you to come down and join us for dinner and Skit Night on
Thursday, July 2, for fun and fellowship. Have a great meal at 5:30
p.m. and then watch some hilarious skits later that evening beginning
at 7:00 p.m.