

# All 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Graders Are Invited To The Jr High Retreat February 12<sup>th</sup> – 14<sup>th</sup> At Camp Blue Diamond!



Come be a part of this amazing weekend with your C BD friends, terrific counselors and our guest John-Michael Pickens! John-Michael grew up in the Ivory Coast & Kenya. He was on the Youth Peace Travel Team and is now a BVS'er with On Earth Peace. John-Michael will be sharing on how we are all global citizen and connected - no matter where we live.

**Who:** All 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Graders  
Bring Yourself & A Friend

Cost \$50  
Deadline Feb. 9th  
Pay only \$42 if you  
register by Feb. 3<sup>rd</sup>!

**When:** February 12<sup>th</sup> – 14<sup>th</sup>

Registration Begins 7:00 PM Friday

Retreat Concludes 1:30 PM Sunday

❖ Parents Please Stick Strictly To These Times ❖

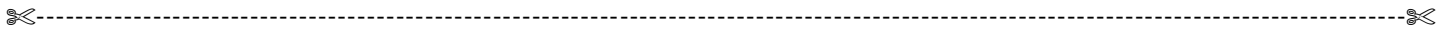
**What to bring:** Sleeping Bag & Pillow, Bible,  
Flashlight and Warm Clothing for Playing Outside



Get ready for this awesome weekend at Camp Blue Diamond! We will be having tons of fun with your favorite counselors and activities like: singing, crafts, sled riding, playing on the lake and a campfire! Don't be left out in the cold. Sign up for the Jr. High Retreat today!

Mail your registration to: Camp Blue Diamond, PO Box 240, Petersburg, PA 16669

Checks payable to: Camp Blue Diamond



Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Jr. High  
Retreat

Congregation \_\_\_\_\_ Grade \_\_\_\_ Sex: M F

Parent/Guardian: I give my child permission to participate in the Camp Blue Diamond Jr. High Retreat on Feb. 12 – 14. I authorize the leaders to act in any emergency and give permission to the physician selected to hospitalize or secure treatment as needed. Should it become necessary for my child to return home for any reason prior to closing, I will abide by the decision and provide transportation. Also, I give permission to use pictures of my child in brochures and other publicity used by Camp Blue Diamond.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Medical & Insurance Information

Allergies: list all known (include medications, foods, and environment)

List medications being brought to camp: (be sure to bring them in original bottles with instructions)

Is the participant covered by family medical/hospital insurance? Y N

Insurance carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier address/phone: \_\_\_\_\_