

Calling all 3rd - 6th Graders! Don't miss out on Camp Blue Diamond's...

MIDDLER MADNESS!

NOVEMBER 6th - 8th

Join all of your Camp Blue Diamond friends as we welcome special guests Tim Guyer and the Solid Rock Youth Ministry. Tim and his youth will be teaching us how we can share the message of Jesus in many forms. Workshops will include puppetry, miming, clowning and more!



WHO* All 5th and 6th Graders

WHEN* November 6th - 8th
7:00 pm Fri. - 1:30 pm Sun.

WHERE* Camp Blue Diamond

BRING* Sleeping Bag & Pillow
Clothes for Playing Outside

Cost: \$48.00

⊃Special Discount⊂

Pay only \$40.00 if you register before Oct. 28!

Come have an awesome time at Camp's Middler Retreat! You will be amazed at all the ways to share God's love brought to us by Tim and his youth. There will also be your camp favorites like games, nature activities, crafts, singing and outside fun. Sign up today so you don't miss out on this awesome weekend!

Please complete the form below, and send it, along with payment to:

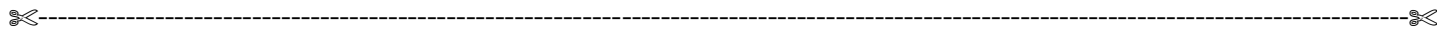
Camp Blue Diamond, PO Box 240, Petersburg, PA 16669

Make checks payable to: *Camp Blue Diamond*

Questions: call (814) 667-2355



***** Registration Deadline: November 4th *****



★ to receive early registration discount, mail must be postmarked by October 28th ★

Name _____ Phone _____

Street _____ City _____ Zip _____

Congregation _____ Grade _____ Sex: M F

Middler Madness

Parent/Guardian: I give my child permission to participate in the Middler Madness Retreat at CBD on Nov. 6 - 8. 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 _____

Allergies: (meds., foods, environment, etc...) _____

Medications being brought to Camp: (be sure to bring 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: _____