

REGISTRATION FORM

(continued from other side)

Emergency Information

Doctor's Name: _____

Doctor's Phone: _____

In case of an emergency I hereby authorize camp officials to furnish necessary examination and treatment to the camper(s) name listed on this form if calls were unable to reach me at the phone numbers given on this form.

(signature of Parent or Guardian)

Name of Church (if you attend): _____

If possible, my child would like to be with: _____

PLEASE CUT OUT FORM AND MAIL TO:

CEF Lebanon
637 Chestnut Street
Lebanon, PA 17042



IMPORTANT INFORMATION

- If a camper cannot attend camp, a refund of \$15.00 will be given when requested.
- Each registration form must be mailed to the address on the form one week before camp begins. After that date you must call 717-507-1489.
- Our camp is affiliated with CHILD EVANGELISM FELLOWSHIP OF EASTERN PA, INC.
- We are a non-denominational Christian children's organization. Any child is welcome to come to camp no matter their background with church/religion!
- Please feel free to make copies of this flier and share it with others!



**CHILD EVANGELISM FELLOWSHIP
OF LEBANON COUNTY, INC.**

637 Chestnut Street, Lebanon, PA 17042
lebanoncountydiretor@cefepa.net

www.cefoblebanoncounty.org

CAMP SCHEDULE

Camp runs every day from
9:30AM-3:00PM

Campers who have completed
Kindergarten - 5th grade are invited to
join us as we study the book of



KIMMERLINGS

June 24-28, 2024
St. Jacob Dr., Lebanon PA

FONTANA

July 15-19, 2024
22 Fontana Ave., Lebanon PA

JONESTOWN

July 29-August 2, 2024
14 Silvertown Rd., Jonestown PA

COST

The total cost for the week is \$25.00.
Please send payment with the registration
form to the address listed on the form.

FOOD

Campers need to bring a packed lunch
every day, except for Friday. A hot dog
lunch will be provided on Friday! Please
list any allergies on the registration form
under Health Concerns.

STAFF

Each camp will have the following staff
members: director, nurse, Bible teacher,
missionary, craft leader, recreational
workers, and team leaders with helpers.
Each staff member 18 years and older will
have their clearances submitted to the
CEF Lebanon office.

CLOSING PROGRAM

Family and friends are invited to a closing
program on Friday from 2:00-3:00PM.

CAMP DIRECTOR

Anna Greiner



REGISTRATION FORM

(Part 1)

Please print all information legibly. Thanks!

Camper's Name: _____

Phone: _____

Home Address: _____

Age: _____ Birthdate: _____

Entering Grade: _____

Circle: Boy -or- Girl

Circle or highlight location and date:

-Kimmerlings: June 24-28

-Fontana: July 15-19

-Jonestown: July 29-August 2

Health Concerns/Allergies/Medications:

Emergency Contact

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

(Registration Form continues on other side)

