



A creative arts day camp designed to help young girls realize that they are created by God for a unique purpose.

## SUMMER CAMP 2019

Monday, July 29 - Friday, August 2  
9:00 a.m. until 1:30 p.m.  
at Camp Hill United Methodist Church  
For rising 3rd - rising 8th Grade girls

**COST FOR THE ENTIRE WEEK IS \$140.  
MAKE CHECKS PAYABLE TO CHUM**

### RETURN COMPLETED FORM AND PAYMENT TO:

Bethany Coleman  
Created for a Purpose  
252 Winding Way  
Camp Hill, PA 17011

### QUESTIONS?

Jane Allen  
Email: [alandjanie@msn.com](mailto:alandjanie@msn.com)  
717.737.1801

Additional information may be found at  
[www.createdforapurpose.org](http://www.createdforapurpose.org)

## REGISTRATION FORM

Name \_\_\_\_\_

Grade entering in Fall 2019 \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size: Youth  Med  Lg

Adult  Sm  Med  Lg

Parents \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

In the event of an emergency, please contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

I would like to be in a group with one of these two friends:  
(Girls are grouped by grade)

1. \_\_\_\_\_

2. \_\_\_\_\_

### PHOTO RELEASE

I, \_\_\_\_\_

give my permission for my child's photo

\_\_\_\_\_ (name) to be  
used for CFAP promotional purposes as deemed useful by the  
camp director. Names of the children will not be released.

parent signature \_\_\_\_\_

date \_\_\_\_\_

### MEDICAL RELEASE

It is my understanding that in the event of an emergency  
involving my child, every attempt will be made to reach me or  
the Emergency Contact Person I have listed for my child.

If I cannot be contacted I give my permission for camp  
personnel to provide medical services that are deemed  
necessary.

parent signature \_\_\_\_\_

date \_\_\_\_\_