

SPARKS CAMP - A- RAMA

DATE: Saturday, June 5th, 2010

PLACE: Hidden Acres, Dayton, IA

REGISTRATION: 9:15 to 10:00 AM

CAMP: 10:00 AM to 3:30 PM

FOR:

NEW Second grade Sparks who have finished a handbook this club year.

COST: \$ 26.00 per person attending

WHAT TO WEAR: Camp-A-Rama will be held rain or shine (*Pray for shine!!!*). Clubbers should wear play clothes, and be dressed accordingly.

BE SURE TO WEAR YOUR BIGGEST AND BEST SMILE!!!

THINGS TO REMEMBER:

* Camp is No Smoking anywhere on the grounds type facility.

* **One adult must be present with a “maximum” of 4 clubbers attending camp.**

Adults are to accompany their Sparkies (max of 4) throughout the entire day.

* To help simplify registration, we are requesting that you send the full amount (\$25.00) of registration fee for “**each**” clubber and “**each**” AL/P - Adult Leader/Parent when you register. Please send clubber and AL/P registrations together.

- **REGISTRATIONS MUST BE RECEIVED AT LEAST 1 WEEK PRIOR TO CAMP DATE.**

If late, do NOT call – deadline is firm. The number of campers is limited so register early! An AWANA (not your church) medical release “**MUST**” be completely filled out with the insurance policy number and accompany the registration form (**no exceptions**).

* Questions??? Call your AWANA missionary Ron Glynn at (515-432-9658) or Registrar, Brad Johnson at (515-371-6419)

Mail registration with check to: Brad Johnson, 1963 L Ave., Woodward, IA 50276

Please make check payable to AWANA

This registration is for Hidden Acres camp at Dayton.

SPARKS Camp-A-Rama Registration Form (Duplicate as needed for more clubbers)
Check type person(s) attending: Sparkie Director Leader Parent

Tee Shirt Sizes requested for each person Medium Large Xtra Large .XX Large

Church Town: _____ Registration # _____.

Sparks Director _____ Phone () _____

Accompanying AL/P Name _____ Phone () _____

AL/P's e-mail address _____

AL/P Address City _____ Zip _____.

Sparkies Name _____ Town _____.

Total Amount Paid - Sparkie AL/P _____ Check # _____

Commander's Signature (Witness of Sparkie Award) _____.

**Each registration must list the AL/P & be completely filled out to be accepted.
Registration must be accompanied with a completed Parental Consent & Medical
Release
form (insurance policy number must be listed) – no exceptions**