

*Southeastern Church of Christ Bible Camp  
2010 Application*

**Please fill out a separate application for each camper attending.**

Name of Camper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade just COMPLETED \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Phone \_\_\_\_\_ Daytime Emergency Phone \_\_\_\_\_

Alternate Contact and Phone \_\_\_\_\_

Church home \_\_\_\_\_

Have you ever attended Spring Mill Bible Camp before? \_\_\_\_\_

Will you need transportation **to** camp? \_\_\_\_\_

Will you need transportation **from** camp? \_\_\_\_\_

Will you need transportation **to and from** camp? \_\_\_\_\_

**Camper Costs**

Application Fee (includes group picture and canteen money):

One camper - \$110

Two campers - \$200

Three or more campers - \$280

**TOTAL INCLUDED WITH APPLICATION:** \_\_\_\_\_

\*Make checks payable to Southeastern Church of Christ

**COMPLETE AND RETURN TO:**

**Southeastern Church of Christ  
6500 Southeastern Avenue  
Indianapolis, IN 46203**

**Applications should be completed and turned in no later than Wednesday,  
June 16, 2010. Refunds will not be given after this date.**

**Legal Agreement with Guardian & Consent for Medical  
Treatment of a Minor**

It is necessary for the parents to assume the responsibility for the applicant. Below is a legal agreement for this purpose which the parent or guardian must sign and return with the application.

I, \_\_\_\_\_ of  
(Parent/Guardian Name)

\_\_\_\_\_ do hereby state that I am the  
(Address)

parent or legal guardian of \_\_\_\_\_  
(Child's Full Name)

a minor \_\_\_\_\_ born \_\_\_\_\_ in consideration  
(Age) (Date of Birth)

for acceptance to the Southeastern Church Bible Camp (SCBC), we covenant and agree with the Southeastern Church Bible Camp (SCBC), that we at all times hereafter keep indemnified and save harmless the said Southeastern Church Bible Camp (SCBC), of which it may pay, sustain, or incur as a result of illness, accident, or misadventure to the above applicant, during the period said applicant is a participant in SCBC. In case of an accident or sickness, I hereby authorize the Camp Directors or Camp Nurse to sign a consent for treatment of the applicant by a doctor, or be admitted to the hospital.

I will be personally responsible for expenses incurred for the medical treatment for the applicant. This is effective from the dates of 7/04/10 thru 7/09/10.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

(X) Guardian's signature \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_

ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Family doctor/phone \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Top Bunk (circle) YES NO

Medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THINGS TO BRING:** Bible, notebook, pencil, bedding, towels, toilet articles, swimsuit (girls – one piece), week's supply of modest clothing (shorts are allowed; however, they should not be shorter than the ends of the child's fingers when they rest their arms at their sides; also, tank tops are not allowed), comfortable shoes (2 pair suggested), jacket, fan (1 only), flashlight, sunscreen, bug spray.

**THINGS NOT TO BRING:** Radios, stereos, ipods, MP3 players, cell phones, firearms, tobacco, drugs, axes, fireworks, knives, musical instruments. Restrictions also apply to all visitors.

**ACTIVITIES:** Campers will participate in daily Bible classes, chapel, singing, campfires, sports (softball, basketball, volleyball, etc.), swimming (boys & girls alternate days), and Park Day.

**THEME NIGHTS:** Camouflage Night  
Red, White and Blue Night  
Hawaiian Night



Send personal mail during camp session to:

Spring Mill Bible Camp  
"Camper's Name"  
2830 State Road 60 East  
Mitchell IN 47446



Be A HERO  
For GOD!

Southeastern Church of Christ  
Spring Mill Bible Camp – Mitchell, Indiana  
July 4<sup>th</sup> – July 9<sup>th</sup>, 2010