



# ***YOUNG ADULT CAMP***

***JULY 3-6, 2008***

***CHRISTIAN CHURCH OF PACIFIC GROVE***

Gather with young adults (ages 18 post-high school to 30ish)

Build community! Watch fireworks on the beach!

Engage spirituality & blue theology!

Visit the Monterey Bay Aquarium!

Participate in a work project!

Register NOW!

For more info, visit:

[www.ccncn.org/youngadults.htm](http://www.ccncn.org/youngadults.htm)

Cost: \$100

Registration Deadline: June 13<sup>th</sup>

# Registration Form for Young Adult Camp July 3-6, 2008

*Please fill out and return these three pages with payment as indicated below*

## **1 Who are you?** (NOTE: We must receive a registration form for each *participant*, even if they are from the same family or church)

Name (First, Middle, Last): \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Birth date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone (hm): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Church: \_\_\_\_\_ City where located: \_\_\_\_\_

## **Share your gifts! What are the gifts might you share at our camp or other young adult ministry events?**

Please tell us about your special talents & interests (circle below):

Small Group Leader

Cooking

Drama

Bible Study

Game Leader

Sports

Dance

Photography

Music

Worship

Art/Crafts

First Aid/CPR

Other \_\_\_\_\_

## **2 Young Adult Covenant** (All participants are required to sign the covenant)

I agree to participate in scheduled activities, sharing my gifts, my enthusiasm, and my concerns.

I agree to help create a community of love, acceptance and caring for all persons attending this event.

I will care for and respect my body by not using alcohol or other drugs, and I agree to not bring those items to this event.

I agree to not take part in inappropriate sexual behavior.

I will love and respect the world God created, caring for it and avoiding any activity that would hurt the environment.

I agree to respect the property of others.

I agree to observe the guidelines of Pacific Grove Christian Church, Monterey Bay Aquarium, and any other sites we visit.

I agree to not offend or discriminate against, or let anyone else offend or discriminate against, any person because of race, ethnic origin, nationality, (dis)abilities, sexual orientation, gender, or age.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## **3 Participation** (Do other obligations restrict you from staying for the duration of the camp?)

I'll be there:

For the whole event! (Thursday night through Sunday mid-day)

Thursday night

Friday night

Saturday night

Friday day

Saturday day

Sunday morning

**4 Registration** (to pay by credit card, fill out the form below)

**Cost: \$100**

**Registration deadline: June 13<sup>th</sup>**

\$35 Non-refundable deposit with your registration will hold your spot!

**Cancellations/Refunds: No refunds will be made for cancellations after June 27<sup>th</sup>.** Registrants who cancel before June 27<sup>th</sup> will receive a refund of their camp fee, less the \$35 deposit.

**Not able to stay for the duration of the camp?** Contact Michelle and Matt, and they will adjust your cost depending upon your length of participation (contact information below).

**Please make checks payable to: "CCNCN" with "Young Adult Camp 2008" on the memo line and mail to:**

CCNCN  
9260 Alcosta Blvd, C-18  
San Ramon, CA 94583-4143

**For registration questions, contact:**

Matthew & Michelle Harris-Gloyer  
510.926.2943 or 510.926.2942  
[matthew@ccncn.org](mailto:matthew@ccncn.org) or [michelle@ccncn.org](mailto:michelle@ccncn.org)

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## Payment Form

### Young Adult Camp 2008

All registrations **must include a \$35.00 deposit** (if not including payment in full). The balance must be paid no later than your arrival at camp. All payments can be made payable to CCNC-N.

**Who is this payment for?** (May be for more than one person.)

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Method of Payment (please circle one):    Check        Money Order        Credit Card

If paying by credit card, please complete the following:

Name as it appears on Credit Card: \_\_\_\_\_

Card Type (circle one): Visa / MasterCard    Card #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_    Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_    Signature \_\_\_\_\_

## 4 Health Form

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy No. \_\_\_\_\_

Are your immunizations up to date? \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_ Date of last DPT booster: \_\_\_\_\_  
(Last Tetanus booster should be within 10 years.)

Do you have any condition or limitation the leaders should know about to assure your well being at this event?

Please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any major illness at any time that will affect your ability to participate in any activity?

Please explain: \_\_\_\_\_

\_\_\_\_\_

Allergies: Type, description of symptoms, etc. \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Dosage and interval: \_\_\_\_\_

Purpose: \_\_\_\_\_

Do you have any special dietary needs? (Please specify food allergies, if vegetarian, etc.) \_\_\_\_\_

\_\_\_\_\_

Other things we should know for your well-being? \_\_\_\_\_

\_\_\_\_\_

### Medical Release Statement

I \_\_\_\_\_ **am in good health.** I will notify the camp directors if I am exposed to any communicable disease during the two weeks prior to attending camp.

**In case of medical emergency,** I give my permission to the physician selected by the Camp Director, Camp Health Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for me.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

In case of medical emergency, please contact \_\_\_\_\_ Relation \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Home

Office

Mobile

For more details about Young Adult Camp,  
please visit our website:

[www.ccncn.org/youngadults.htm](http://www.ccncn.org/youngadults.htm)

# **Scholarship Information**

## **Young Adult Camp**

### **Summer 2008**

**The Regional Christian Church of Northern California-Nevada is pleased to be able to offer scholarship assistance for young adults participating in the Christian Church (Disciples of Christ) young adult ministry program. This is made possible by individual gifts designated for young adult scholarships.**

- The Young Adult Leadership Council recommends a 3-way division of payment for young adults wishing financial assistance. If possible, the young adult, the local congregation, and the region should each pay 1/3 of the total cost. Check with your pastor to find out if your church can contribute.
- Maximum scholarship amount granted will be half of the cost of the retreat fees.
- Before filling out the scholarship application, please read the following information carefully, paying close attention to deadlines.

### **Criteria for Scholarship Assistance**

1) Applicants for scholarships must complete an application form, obtain a letter of recommendation, and both must be submitted by the June 6<sup>th</sup> deadline.

2) Letter of recommendation:

The letter must include the following information and will remain confidential:

- Statement of individual's relationship to the applicant (pastor, parent, etc.)
- Confirmation of the applicant's financial need
- If from pastor, state whether congregation will give scholarship assistance. If yes, please state how much.

### **Timeline for Process**

- Scholarship applications should be sent before or together with retreat registration.
- Applications must be postmarked ***on or before June 6, 2008***. No late scholarship applications will be considered.
- Applications and recommendation letters should be mailed to:  
**Christian Church of Northern California-Nevada**  
**9260 Alcosta Blvd., Suite C-18**  
**San Ramon, CA 94583-4143**
- Applicants will receive notification by June 16<sup>th</sup> that states your request has been granted and the dollar amount of assistance.
- If scholarship assistance is granted, the remainder of the retreat cost owed by the applicant is due by the first day of the Young Adult Camp: July 3, 2008.

**SCHOLARSHIP APPLICATION**  
**Young Adult Camp 2008**  
**Christian Church of Pacific Grove**

**Application Deadline: June 6, 2008 (postmark)**  
**Please be sure to read Camp Scholarship Information before filling out this form.**

**Applicant Information:**

\_\_\_\_\_  
Name Birth date (MM/DD/YY)

\_\_\_\_\_  
Street Address/City/State/Zip Code

\_\_\_\_\_  
Home Phone Number Other Phone Number (work, cell)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Name of Local Congregation/City

**Statement of financial need (source of income, extenuating family circumstances, etc.):**  
*This information will be kept confidential.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scholarship Information:**

Individual contribution: \$ \_\_\_\_\_  
Local church contribution: \$ \_\_\_\_\_  
Amount of scholarship you are requesting: \$ \_\_\_\_\_  
(up to half of camp cost)  
Other sources of support for retreat: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date