



Midwest District Youth Camp

At Timber Lakes Camp, Williamsburg, KS

Date: July 8-12, 2017

Check in: 2:00-3:00 pm July 8

Check out: 11:00 am July 12

Cost: Free

Speaker/Worship:

Matt Miles

Timber Lakes Collective

Mailing Information:

Please mail form by June 1

Mail to: Adam DeMike

P.O. Box 321, Weeping Water, NE 68463

What To Bring:

___ Bible, notebook, pen

___ Sleeping Bag, Pillow

___ Sunscreen

___ Mud Clothes

___ Casual Clothes

___ Swimsuit (1 piece only)

___ Snack Money

___ Mud Shoes

___ Shower Supplies

___ Insect Repellent

___ Small Alarm Clock

___ Love for Jesus

___ Towel

___ Flashlight

___ Light Rain Jacket

___ Gift Cards for Adam

Qualifications for Counselors:

Thank you for considering being a Counselor at Youth Camp! To be eligible to counsel, you must be at least 1 year out of high school and fill out the application below. The directors will review your application and contact you. While at camp, counselors will be responsible for: 1) the teens in their cabin, including leading cabin discussions or devotional times; 2) attending staff meetings; 3) helping monitor and participate in all sessions and activities; and 4) helping keep the spiritual environment and morale high. Please contact Adam DeMike at adam@demike.com or 402.953.8648 for more information or questions.

Cut Along This Line – Keep The Top Portion & Mail The Bottom Portion To The Address Above

Counselor Registration Form

Please Print

Name _____ ☐ Male ☐ Female Phone (____) _____

Full Mailing Address _____

Year Graduated High School _____ Email Address _____

Church/Town _____ Shirt Size: S M L XL XXL

Please include 2 References who can attest to your spiritual condition. 1 must be a Pastor, Elder, or Deacon.

Pastor/Elder/Deacon _____ Phone # _____

2nd Reference _____ Phone # _____

RELEASE OF LIABILITY

I hereby release, Timber Lakes Camp and Midwest District Missionary Church, Inc., the respective Board of Directors, officers, employees, agents and any other individuals officially connected with the Midwest District Youth Camp, from any and all liability for damage to or loss of personal property, sickness, and injury from whatever source (including death) as a result of participation in the Camp.

If, during the course of my participation in Camp activities, I should become ill or sustain an injury, I hereby authorize you to obtain emergency medical or dental care. I understand the Camp does not provide medical coverage for me and will assume financial responsibility for the bills incurred.

Counselor Signature _____ Date: _____ Emergency Contact
Name: _____ Phone # _____

Please include any additional medical information on the back of this sheet