

Grow in God's Love

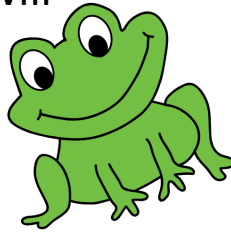


God loves us and we can see it in the sprouting leaves and grass, hear it in the birds and tree frogs, feel it in the breezes and chilly puddles. Come and enjoy spring and God's love at Mechuwana.

WHO? Youth in grades 3-6
WHEN? April 15-16, 2019
Drop off is 10:00 a.m. on Monday, with pick up at 10:00 a.m. on Tuesday.
WHERE? Mechuwana
HOW MUCH? \$35

If you would like to apply for a full or partial scholarship, contact the camp office at (207) 377-2924 to request a scholarship form. Form must be returned by April 10th.

At overnight camp we will play games, sing songs, and enjoy crafts. Weather permitting we will take a nature walk and soak in the love that God shows us in this season we call Spring.



Things to Bring: Sleeping bag, pillow, toiletries, a change of clothes, outdoor clothing, warm coat, hat, gloves, boots, a Bible, and a positive attitude

Questions? Want to register online? Email us at camper@fairpoint.net and bring your \$35 with you

Send registration form to: Mechuwana, PO Box 277, Winthrop, ME 04364
You can also email your registration form to mechuwana@fairpoint.net.

Name _____ Age _____ Grade _____ Sex _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency contact name and phone _____

Any medications/medical conditions/allergies/food allergies/special diet??(use backside of form for medication information)

Will you be arriving late/leaving early? _____

Email address: _____

Please initial if your child is allowed to be given over the counter medication if necessary (Tums, ibuprofen, cough drops) _____

**I promise that I will follow the rules of Mechuwana and its youth program so that I and others may have a safe and positive Christian experience. I realize that if I do not, I may be sent home immediately.

**I give camp permission to take pictures of me during the event for use on their website and in publications.

(If you do not give camp permission to use your photo, please here: _____)

Rallygoer's signature _____ Parent/Guardian's signature _____

Mechuwana
PO Box 277
Winthrop, ME 04364

RETURN SERVICE REQUESTED

Non-Profit Org.
U.S. Postage Paid
Winthrop, Maine
Permit No. 71

Find us online at www.mechuwana.org or contact us at:
207.377.2924 or Mechuwana@fairpoint.net

If your child requires medication(s), we ask that you please help us by answering the following questions:

Child's name: _____

Medication(s) and Time(s) Given:

If there are any questions, who can we call? _____

Cell/Phone # _____ Relationship to child _____