

S U M M E R 2 0 1 5

THE WATERMARK

A PUBLICATION OF THE ZONE STAFF



SENIOR HIGH CONNECTION

Next week is going to be an action packed week full of intense activities and games, great worship, solitude, and a series about identity by Sam Schleif. If you haven't thought about staying for one more week, please consider it. To make it easier, I even included a registration form on the back of this page!

Dates: Aug 10-14, 2015

Cost: \$170

Discount: 10% family discount if you bring a sibling.

THIS WEEK'S OUTING

Portage Dinner Trip

Saturday evening we will venture over to the great city of Portage for some shopping and to grab a quick bite to eat. We will leave around 5pm



SENIOR HIGH CONNECTION REGISTRATION

IF UNDER 18, RETURN THIS FORM WITH YOUR PARENT'S SIGNATURE OR
YOUR PARENTS CAN REGISTER ONLINE AT WWW.SKYLodge.ORG

NAME _____ M _____ F _____

ADDRESS _____ AGE _____

CITY _____ STATE _____ ZIP _____

NAME OF PARENT(S) CHILD LIVES WITH _____

PARENT EMAIL _____ CAMPER EMAIL _____

PLEASE ADD: PARENT EMAIL TO E-NEWSLETTER LIST

CAMPER EMAIL TO E-NEWSLETTER LIST

HOME PHONE (____) _____ PARENT'S CELL (____) _____

DATE OF BIRTH _____ GRADE IN FALL OF '15 _____

CHURCH/YOUTH GROUP YOU ATTEND _____

I WOULD LIKE TO RECEIVE PARENT INFORMATION AND HEALTH FORM BY:

EMAIL REGULAR MAIL

I APPROVE OF THE USE OF PICTURES TAKEN OF MY CHILD TO BE USED IN PROMOTION. IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE LICENSED PHYSICIAN SELECTED BY SKY LODGE CHRISTIAN CAMP TO SECURE PROPER TREATMENT, HOSPITAL CARE, ANESTHESIA, OR SURGERY FOR MY CHILD NAMED ON THIS FORM. I ALSO GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED TO, AND PARTICIPATE IN AN EVENT THAT WILL BE HELD OFF SKY LODGE GROUNDS DURING SENIOR HIGH CONNECTION CAMP.

PARENT/GUARDIAN SIGNATURE _____
(IF UNDER 18)

ENCLOSED IS A CHECK FOR THE DEPOSIT (\$40), PAYABLE TO SKY LODGE CHRISTIAN CAMP (\$130 IS DUE UPON ARRIVAL)

ENCLOSED IS A CHECK FOR THE FULL AMOUNT (\$170) PAYABLE TO SKY LODGE CHRISTIAN CAMP

CHARGE THE REGISTRATION TO: VISA MC DISCOVER

\$ _____ (PLEASE INDICATE THE AMOUNT TO CHARGE HERE)

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE _____

PAYMENT

10% DISCOUNT FOR EACH ADDITIONAL SIBLING!