

# Delmarva Baptist Fellowship Camp

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## **Youth Camp Ministry**

Craig and Holly Duck  
495 Century Vista Drive  
Arnold, MD 21012

**Welcome**  
August 3<sup>rd</sup> – 8<sup>th</sup>, 2009

Welcome to the Delmarva Baptist Fellowship's youth camp ministry. God has been blessing this ministry in many ways. For over 50 years camp has been one of the strongest ministries in the Delmarva. Children are hearing the gospel, and many campers have been saved over the years. Many campers have gone on to dedicate their lives in service for Him. Please continue to pray for this vital ministry as we seek to glorify His wonderful name at camp this year.

We are excited about this year's camp program. The teens will be able to choose from three different and unique programs. Teen leadership, music, and adventure camp will prove to give each camper a week of excitement and inspiration. Juniors will continue to have exciting games and activities, Bible studies, and just plain fun.

In this packet you will find the following items:

- Welcome letter
- Registration information
- Counselor/Staff applications
- Camper applications
- Information sheet
- Bible memorization sheets
- Bulletin inserts
- Brochures
- Teen camp choices

Please give this information to the person responsible for promoting the Delmarva Youth Camp Ministry. If you do not have one, please pray for someone to be able to do this for you. Also, please pray for workers for our camp. Each church should supply one counselor for every seven campers that your church sends. If your church has not participated recently in the camp program, let me challenge your church to see what changes the Lord has brought about. We would also like to thank the faithful churches that continue to supply the needs of this ministry through campers and workers. This is a great way to serve the Lord while ministering to the needs of children. If you have any questions or concerns please do not hesitate to contact anyone on the camp committee.

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## Registration

Registration must be paid in full prior to camp. Campers will be received on a first come first serve basis, and on counselor availability. Scholarships are available by written application to the camp committee.

### **Early Registration** – \$150.00

Registration must be paid in full prior to June 8, 2009. Churches that are offering a scholarship must also pay the scholarship prior to the deadline, or make special arrangements with the registrar and treasurer.

### **Regular Registration** - \$175.00

All registrations received after June 29, 2009 will be charged \$175.00. Churches must make arrangements with registrar and treasurer for any scholarships that are offered to their campers.

**Family Discount** – Families will receive a \$5.00 per camper discount after the first registered camper. Example, 1<sup>st</sup> camper registered before June 29 (\$150.00), second camper (\$145.00), third camper (\$140.00 etc.).

## Application Forms

If you have not received an application form from your local church please request one from:

Craig W. Duck  
495 Century Vista Drive  
Arnold, MD 21012  
410-647-0853  
443-336-9859  
[Firequacker621@aol.com](mailto:Firequacker621@aol.com)

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## Information Sheet

**Where:** Camp Tohiglo  
10670 Fort Loudon Road  
Mercersburg, PA

**Mailing Address:** Camper's Name  
Delmarva Baptist Camp  
c/o Camp Tohiglo  
10670 Fort Loudon Road  
Mercersburg, PA 17236

**Emergency Phone:** 717-328-2784 (Emergency calls only – No other incoming calls allowed)

**Dates:** August 3 – 8, 2009

**Mission Statement:** The Delmarva Baptist Fellowship strives to offer a camp with a safe environment for campers and staff where the Word of God is faithfully proclaimed in order that everyone who attends will hear of the salvation of Jesus Christ and be encouraged to serve Him throughout their lifetime.

**Arrival:** Registration for camp begins at 10:00am. Counselors should arrive promptly at 10:00am in order to be ready for the early arrivals. Camp will begin promptly at 12:00 noon. All campers regardless of when they arrive must register.

**Departure:** Camp will end on Saturday at 9:00 am after breakfast and clean-up. Campers are not allowed to leave early unless prior approval has been made. **Parents please pick up your children no later than 9:30am.**

**Clothing:** Christian young people can hurt their testimony for the Lord and be a distraction to those around them by the clothing they wear, and the way they choose to wear it. Outfits that are too short or too tight do not honor the Lord. Fad clothing, including inappropriate sayings or logos, , and worldly outfits are also not honoring to the Lord. To avoid any problems please do not bring any of the items mentioned before, as well as sleeveless shirts, two piece swimming suits, or bare midriff clothing. Shorts must be of modest length, no short shorts, tight or extremely loose fitting shorts. For safety reasons spikes and chains are prohibited. Campers will be asked to change their clothes if they are a distraction to others.

**What to Bring:** Bible, pen, pencil, note pad  
Sleeping bag or sheets, blankets, pillow, and laundry bag  
Appropriate sportswear for game time, including sneakers  
Clothes and extra shoes that can get wet and stay wet for game time  
Modest one-piece swimsuit, swimsuits must have liner  
Rain gear

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- What to Bring:** Bathroom articles; soap, shampoo, towels, toothbrush and paste, etc  
**Continued** Spending money and offering money  
Any required medicine (in original container and turned in to nurse)
- What not to Bring:** Radios, personal tape/CD or I-pod type devices, electronic devises, video games, musical keyboards, weapons, firearms, fireworks, lighters, playing or trading cards, cell phones, computers, or any other items the camp committee determines to be a distraction. Due to a recent trend with digital images, cameras are not allowed. We will provide camp photos at the end of the week.
- Camp Pictures:** Camp pictures will be provided as part of your camp fee.
- Money:** Spending/offering money (\$30.00 suggested maximum) is to be turned in to the banker at registration and may be withdrawn in reasonable amounts daily. The bank will be open from Tuesday through Friday, please leave enough spending money out for Monday. Teens will have the option of keeping their money in the bank or on their person, however camp is not responsible for any lost money.
- Medicine:** **ALL MEDICINE** must be specifically labeled for the appropriate camper and can not be administered without the written and signed permission of the prescribed doctor or parent. All medicines must be given to the camp nurse at registration with instructions, and must be picked up on Saturday from the nurse prior to leaving camp. Camp is not responsible for left medicines.

### Directions to Camp

**From I-81 in Pennsylvania, take exit 5 to route 16 west toward Mercersburg. Go 11 miles and turn left on route 75 South. Go 3 miles to camp on the left (Camp Tohiglo).**

Please feel free to contact the camp coordinator if you have any questions or concerns about the camp ministry. We welcome your comments.

Craig and Holly Duck  
Camp Coordinator  
495 Century Vista Drive  
Arnold, MD 21012  
410-647-0853  
Firequacker621@aol.com

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## **Delmarva Baptist Fellowship Camp Program**

Junior Camper Application  
8 years old – 6<sup>th</sup> Grade

All campers are required to complete and sign this application form. The information will be used to help the camp directors provide a safe and secure environment for all campers who are participating in this years camp program. The material contained in this application will be shared only with those who have a genuine need to know in order to carry out their responsibilities at Delmarva Camp or as required by law. Parents are required to sign and initial in appropriate places.

### **Camper Information (please Print)**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_ Tee Shirt Size: \_\_\_\_\_

Has camper camped with us before: \_\_\_\_\_ Has camper spent time away from home: \_\_\_\_\_

### **Church Information**

Home Church: \_\_\_\_\_

If you died today, would you go to heaven? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure: \_\_\_\_\_

### **Parental Information**

Name of Parent or Guardian: \_\_\_\_\_

Phone Number during camp week: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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## Camper (Please Print)

Name \_\_\_\_\_

## Food Allergies

Food Allergies:

Describe reaction and management of the reaction

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## Allergies

Other Allergies – Include plant, animal, insect, asthma, etc

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## Restrictions – List all that apply

Dietary

Activities

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## Medical Release

Camper (Please Print)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State/Province ZIP Code

Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sept 2009 Grade in School \_\_\_\_

Male

Female

Parent or Guardian

Name \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State/Province ZIP Code

Health Insurance

Company \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State/Province ZIP Code

My child may be given over-the-counter medications as needed except for the following (please check those medications which **cannot** be given)

Tylenol

Saline, Visine eye drops

Benadryl

Motrin

Ear drops for swimmer's ear

Hydrocortisone ointment

Tums

Sudaphed

Other \_\_\_\_\_

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## Medications

Name of Medication

When Administered

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Medical Allergies:

Describe reaction and management of the reaction

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Physical handicaps, disorders, or illnesses: \_\_\_\_\_

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Date of Tetanus booster (should be current): \_\_\_\_\_

**All medication must be in the ORIGINAL container with the camper's name and Doctor's name on the bottle. All medication must be turned into the camp nurse on the first day of camp, no exceptions.**

**Parent's or Guardians Initials** \_\_\_\_\_

List any important medical information that is important:

***I give my permission for my child to receive emergency medical treatment if I cannot be reached after a reasonable amount of time.***

\_\_\_\_\_  
Parent or Guardian's Signature (Required)

\_\_\_\_\_  
Date