



Trinity Camp
1835 County Highway 3
Guin, AL 35563



SUMMER 2026

Visit Us At:
www.trinityfwbcamp.org



VISIT OUR WEBSITE

www.trinityfwbcamp.org

Phone: 205-412-1146

Email: trinitycamp@aol.com

2026 CAMP SCHEDULE

Junior Camp 1	Ages 8-12	June 8-12	Bro Jason Sullivan
Junior Camp 2	Ages 8-12	June 15-19	Bro Chris Talbot
Teen Camp 1	Ages 12-18	June 22-26	Bro Ken Cash
Teen Camp 2	Ages 12-18	July 6-10	Bro Joey McCreight

WHAT TO BRING

- Bedding For Twin Bed or Sleeping Bag
- Pillow
- Swim Suit
(T-Shirt Needed If Wearing A 2-Piece)
- Shoes To Wear To & From Pool
- Towels For Showering & Swimming
- Toiletries
- Clothes For Daily Activities
- Clothes For Evening Worship
- Bible

VOLUNTEER INFO

Registration Fee \$80

Fee Includes

- 1 Snack & 1 Drink Each
Snack Shop Visit
- 2026 Camp T-Shirt

Volunteers Must Be Pre-Approved
By Trinity Camp & 18 Years of
Older To Help With Junior Camps.
Contact The Camp Office For
More Info

COST INFORMATION

Camper Fee: \$150

Fee Includes

- Registration Fee
- 1 Snack & 1 Drink Each
Snack Shop Visit
- 2026 Camp T-Shirt

**Available Discount:
Immediate Family With More
Than One Camper \$140 Per
Camper**

WHAT IS EXPECTED OF ME?

- A Good Attitude
 - Participation
- Follow All Rules & Guidelines
- Electronic Devices Used Only At
Scheduled Times & With The
Permission of Camp Staff. At All
Other Times, All Electronic
Devices Should Be Put Away.
- Make Memories & Have A Great
Week At Camp!

**Camper Drop-Off Time:
Monday @ 9am**

**Camper Pick-Up Time:
Friday @ 9am**

DRESS CODE

Daytime/Evening Activities:
Shorts, pants, or leggings

Evening Worship:
Dresses, skirts, jeans, or pants

General Guidelines:

- All shorts, skirts, and dresses
must reach the end of the
camper's fingertips when
standing.
- Tennis skirts are not permitted.
- Shirts must fully cover the
stomach area (no cropped or
short shirts).



CAMP APPLICATION

Name: _____

Address: _____

City, State & Zip Code: _____

Phone 1: _____ Phone 2: _____

CAMP ATTENDING? (Mark Below) Camper's Age? _____

Jr Week 1 Jr Week 2 Teen Week 1 Teen Week 2

Camper DOB: _____ Male or Female: _____

T-Shirt Size: _____ Church: _____

MEDICAL INFORMATION

Does camper have any known allergies or health conditions: YES or NO
If Yes, PLEASE EXPLAIN ON ATTACHED PIECE OF PAPER & TURN IN TO TRINITY CAMP
STAFF AT REGISTRATION

Insurance Provider: _____

Policy #: _____ Group #: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, I give permission for the camper registered above to
receive medical treatment and or medication.

Parent/Guardian Signature: _____

Contact Name: _____ Phone: _____



Scan
Here To
Register
Online

