

# TRINITY CAMP

Summer 2021 [www.trinityfwbcamp.org](http://www.trinityfwbcamp.org)

Trinity Camp  
1835 County Hwy 3  
Guin, AL 35563

Visit Our Website @  
[www.trinityfwbcamp.org](http://www.trinityfwbcamp.org)  
Phone: 205-412-1146  
Email: [trinitycamp@aol.com](mailto:trinitycamp@aol.com)



## 2024 Camp Schedule

### Junior Camp: Ages 8-12    Teen Camp: Ages 12-18

Junior Camp 1	June 10-14	Bro. Nick Coleman
Junior Camp 2	June 17-21	Bro. Michael Cox
Teen Camp 1	June 24-28	Bro. Charles Cook
Teen Camp 2	July 8-12	Bro. Jonathan Washak

### 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 Shower & Swimming
- Toiletries
- Clothes For Daily Activities
- Clothes For Evening Worship
- Bible



Arrival:  
Monday 9am  
Departure:  
Friday 9am

### Cost

Camper Fee: \$140  
Fee Includes

- Registration
- 1 Snack & 1 Drink Each Visit To Snack Shop
- T-Shirt

Available Discount: Immediate  
Family With More Than One  
Camper \$130 per Camper

### What Is Expected Of Me?

- A Good Attitude
- Participation
- Follow All Rules & Guidelines
- Electronic Devices Used Only When Approved
- Make Memories - Have Fun!

Register  
online  
scan here



### Volunteer Info:

\$80 Fee Includes: T-Shirt & Snack Shop. Volunteers Must Be Pre-Approved & Be 17 Years Old Or Older To Help With Jr Camps. Contact The Director For Info.

## Camp Application

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Camper DOB: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Circle One:    Male    or    Female



### Which Camp Are You Attending?

☐

Junior 1 - June 10-14

☐

Junior 2 - June 17-21

☐

Teen 1 - June 24-28

☐

Teen 2 - July 8-12



### Medical Information

Does camper have any known allergies? ? YES or NO  
(If yes, PLEASE EXPLAIN ON ATTACHED PIECE OF PAPER)

Does camper have any health problems that require medication or food restrictions? YES or NO  
(If yes, PLEASE EXPLAIN ON ATTACHED PIECE OF PAPER)

Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_



### Emergency Contact Information

In case of an emergency, I give my permission for (Print Camper's Name)

\_\_\_\_\_ to receive medical treatment and or medication.

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_