

**The Salvation Army
NL Division
Women's Camp 2019**

**“CELEBRATING
THE LIVES OF COURAGEOUS
WOMEN”**



Camp Starrigan	Date
<input type="checkbox"/> Camp #1	May 24 th -26 th
<input type="checkbox"/> Camp #2	May 31 st - June 2 nd

Twin Ponds	Date
<input type="checkbox"/> Camp #1	May 24 th -26 th
<input type="checkbox"/> Camp #2	May 31 st - June 2 nd

Camp Fee —\$115.50 + tax = \$132.85

Registration Time Starts at 3:00 P.M on May 24th and May 31st

This Application must be filled out in its entirety to be accepted, otherwise it will be returned.

Last Name:		First Name:	
Home Address:		City/Town:	
Province:	Postal Code:	Camper Email:	
Cell Number:	Home Phone Number:	Corps:	
_____		_____	
Signature of Applicant		Date	
_____		_____	
Signature of Corps Officer		Date	

We will try to fill ambulatory special needs, as space will allow. In some instances it may mean that some will have to be separated from the Corps group.

Applications will be filled on a first come, first serve basis.

Please Return Application and Payment to:

**The Salvation Army NL DHQ
Attn: Jackie Ferguson
PO Box 91, 430 Topsail Road,
St. John's, NL A1E 4N1**

**Telephone: (709) 579-2022 Fax: (709) 576-7034
Email: jackie_ferguson@can.salvationarmy.org**



Please Return Applications by April 12th, 2019

Medical Form Women's Camp 2019

Allergies and Dietary Consideration	Allergic to: Please Specify	Reaction (Please Specify)	Severity (Mild, Medium, Severe)	Treatment/ Medication Required
	Medication: (Penicillin, Sulfa, Cephalosporin, Anesthetic, etc)			
	Foods: (Eggs, Fish, Nuts, Food dye, etc)			
	Insects: (Bee stings, Wasp fly bites)			
	Environmental: (Pollen, hay, dust)			
	Dietary Needs: (Diabetic, Vegetarian, Lactose Intolerant, Gluten Free)			

Physical Limitations/Needs:

Mobility Limitations:

Consent

I agree to hold The Salvation Army blameless for any accident or injury, which may occur during the course of camp, except in the case of gross or willful negligence, and I agree to indemnify The Salvation Army against medical claims, which may arise from illness, accident or injury. Should I become incapacitated, I hereby give permission to the medical personnel selected by The Salvation Army Camp to secure and administer treatment, including hospitalization.

Signature

Date

"Haven't I commanded you? Strength! Courage! Don't be timid; don't get discouraged. God, your God, is with you every step you take."

Joshua 1:9 (The Message)

