

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

**IN HER  
SHOES**

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



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

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

**Camp Fee —\$115.50 + tax = \$132.85**

**Registration Time Starts at 3:00 P.M on May 24<sup>th</sup> and May 31<sup>st</sup>**

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

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

**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 12<sup>th</sup>, 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
	<b>Medication:</b> (Penicillin, Sulfa, Cephalosporin, Anesthetic, etc)			
	<b>Foods:</b> (Eggs, Fish, Nuts, Food dye, etc)			
	<b>Insects:</b> (Bee stings, Wasp fly bites)			
	<b>Environmental:</b> (Pollen, hay, dust)			
	<b>Dietary Needs:</b> (Diabetic, Vegetarian, Lactose Intolerant, Gluten Free)			

**Physical Limitations/Needs:**

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**Mobility Limitations:**

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**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)*

