

# Winter Camp 2023

## God's



## Calling

**Date:** 26th— 29th June  
**Age:** 13—18 Years  
**Place:** Log Cabin Camp  
270 Ascot Rd, Creswick. Vic  
**Cost:** Free— Includes accommodation, food and activities  
**Speaker:** Pastor Nathan Kemper  
**RSVP:** 12th June 2023  
**Starts:** 2pm Monday, 26th  
**Finishes:** 11am Thursday, 29th  
**Host Church:** Kyabram Fellowship  
**Director:** Greg Hipworth (0418 310 314)

Come along and join us for exciting fun and activities!

### **Theme: God's Calling**

[James 2:5](#) - Hearken, my beloved brethren, Hath not God chosen the poor of this world rich in faith, and heirs of the kingdom which he hath promised to them that love him?

**Special Activities**  
Leap of Faith, Archery, Giant Swing, Camp-fire, Dual Zipline or Flying Fox.

*Activities are dependant on availability of qualified staff.*

#### WHAT TO BRING:

Clothes (all weather types); bedding; pillow; towel, toiletries, Torch, sunscreen; Bible; notebook; pen; kiosk money.

#### WHAT NOT TO BRING:

**mobile phones:** Electronic devices (eg: MP3 players, iPods, laptops, etc) firearms; knives; tobacco; alcohol; drugs.

All campers are expected to dress modestly at all times. Coloured T-Shirts and shorts are to be worn over swimming gear. Nice clothes for services would be great as well.

Please keep this for your details

**Anonymous Donations are welcome and can be made to :**

Kyabram Fellowship  
BSB: 633 000 Acc: 202 439 220  
Reference: Youth Camp

**RSVP 12th June 2023**

# Winter Youth Camp 2023 Registration Form

Full Name:

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Date of Birth: ...../...../..... Age: .....

Gender: Boy / Girl

Name of Parent/ Guardian

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Address:

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Home Ph: .....

Mob: .....

Email:

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Church: .....

If applicable

Buddies: .....

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**PRIVACY STATEMENT:** Kyabram Fellowship is committed to protecting your privacy. We are required by law to protect personal, health and other confidential information. All information is held only to aid Kyabram Fellowship to help emergency personnel in times of accident or disaster.

## Medical Information:

Please list all medical conditions, allergic reactions, current medications and any food requirements.

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Doctor's Name.....

Doctor Ph:.....

Medicare Card No.

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Pension Card No.

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Private Health Fund and No.

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Health Care Card No.

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In case of emergency, I understand that every effort will be made to contact parents or guardian of campers. In the event that I cannot be contacted, I hereby give permission to the doctor selected by the camp director to hospitalise and secure proper treatment for , and order any injection, anaesthesia, or surgery for my child as named on this form.

Signature of Parent or Guardian

.....  
Date: .....

**Please return this form by JUNE 12th, via return email at:**

**Andrea@kyabramfellowship.com.au**