

# Molokai Christian Youth Camp

Presents



# MARVEL®

# VS



# DC



**Jr./Sr. High Week ~ June 12 - June 16**  
**Elementary Week ~ June 19 - June 23**

## What You'll Need

Clothes, sweatshirt or jacket, swim wear, towels, toiletries, sleeping gear, pillow, flashlight, insect repellent, shoes for games/hiking, Bible, pencil/pen, snack bar money, tent.

### \*PLEASE NOTE:

This is a tenting camp. You must bring your own tent or make plans before camp to share a tent with another camper.

## Important Things To Remember

1. There are no beds or dorms for sleeping at camp so **you must have sleeping gear and a tent.**
2. Swim wear must be modest or a t-shirt and or shorts must be worn over them.
3. Check in for camp will begin at **11 am on Monday morning** June 12<sup>th</sup> & June 23<sup>rd</sup>. All campers need to be picked up at **10:30 am on Friday morning** June 16<sup>th</sup> & June 23<sup>rd</sup>.
4. No radios, music players, cell phones, or game type units will be permitted.

Sponsored by *Molokai Baptist Church*

Phone: 567-6689 or 567-6464

[www.molokaibaptist.com](http://www.molokaibaptist.com)

## ***Molokai Christian Youth Camp***

**Jr/Sr High Week ~ Monday, June 12<sup>th</sup> 11am through Friday, June 16<sup>th</sup> 10:30am**  
**Elementary Week ~ Monday, June 19<sup>th</sup> 11am through Friday, June 23<sup>rd</sup> 10:30am**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Grade Just Completed \_\_\_\_\_ Gender: *male female*

Family Physician \_\_\_\_\_ Health Plan \_\_\_\_\_

Does your child have any allergies or special problems that we need to be aware of? (Yes No) If "yes" please list along with any medication that they are currently taking:

\_\_\_\_\_  
\_\_\_\_\_

I understand that *Molokai Christian Youth Camp* carries adequate insurance on all of its campers; however, I understand that my health insurance provider will be the primary entity responsible for the reimbursement of all medical expenses should any occur while at camp. I will not hold Molokai Christian Youth Camp, Molokai Baptist Church, or any of its related ministries liable for any injuries incurred by my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### **Camp Information**

**Campsite** – Molokai Baptist Church - Hoolehua

**Ages** – Jr/Sr High Week = 7<sup>th</sup> grade through 12<sup>th</sup> grade; Elementary Week = entering 2<sup>nd</sup> grade through 7<sup>th</sup> grade

**Dates & Time** – **Jr/Sr High Week** = Monday, June 12<sup>th</sup> 11 am through Friday, June 16<sup>th</sup> 10:30 am  
**Elementary Week** = Monday, June 19<sup>th</sup> 11 am through Friday, June 23<sup>rd</sup> 10:30 am

**Cost** – \$85

**Family Discount** – After full payment for the first child camp fee will be reduced by \$10 per sibling

**Make checks payable to *Molokai Baptist Church*, memo: camp**

Mailing address and further information:

***Molokai Christian Youth Camp***

**PO Box 555**

**Hoolehua, HI 96729**

**Phone: 567-6689; 567-6464**

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