

This Year...

Speakers:

John Heller Sr.
Glendon Thompson
Sarah Scheite

Director:

Glendon Thompson

Afternoon meetings will be question and answer format.

Send Registration and Non-Refundable Deposit To:

Sooner Bible Camp
C/O Glendon Thompson
4927 E. 101st St. N.
Valley Center, KS 67147

3inthequiver@gmail.com

316-200-2434

(Make all checks out to Sooner Bible Camp)

SENIOR WEEK

... is intended for young people 8th grade (as of next fall) through 12th grade. This includes graduating seniors.

Schedule

Camp Will be June 2nd -8th

Begins Sunday June 2nd at 5:30pm

Ends Saturday June 8th at 9:00am

(Parents should plan to pick up campers at 9:30am on Saturday, since we must vacate the campground by 10:00am. YOU MUST MAKE ARRANGEMENTS FOR YOUR CAMPER TO BE PICKED UP NO LATER THAN 10:00 AM. YOU ARE REQUIRED TO INFORM THE DIRECTOR OF THOSE INTENTIONS WHEN REGISTERING.)

Accommodations

Stone cabins, each housing 8 people, are arranged on the grounds. A spacious dining hall overlooks the lake. There is an Olympic sized swimming pool supervised by qualified lifeguards. Besides, swimming, there are excellent facilities for softball, volleyball, and other sports

Directions

2932 LaCann Drive, Ponca City, OK 74604

On US Highway 77(14th St.), turn east at the Pioneer Woman statue (Lake Drive) Go east 2 miles and turn left (north) just before the bridge. Drive 200 yards and take the right hand road at the "Y". Follow the road around Lake Ponca to the Lew Wentz Campgrounds.

www.soonerbiblecamp.org



SENIOR WEEK

Choose....

whom will you serve?

June 2- 8, 2017

Held at:

Lew Wentz Campground
2932 LaCann Drive
Ponca City, OK 74604

*****Registration cut-off is May 15th, 2018***
(must be postage-marked by this date)**

REGISTRATION

Sooner Bible Camp Sr. Week

Name: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Date of Birth: ___/___/___ Sex: F M

What grade will you be in next fall? _____

How many years have you attended Sooner Bible Camp? _____

What church do you attend? _____

Parent/Guardian E-mail Address: _____

Parent/Guardian Phone Number: _____

Cost:

The cost for the week is \$95.00. A \$10.00 NON-refundable deposit must be sent with the registration. This deposit will be deducted from the total fee upon arrival.

Office Use Only:

Payed Amount: \$ _____ Cash Check # _____

Camp Rules (consent required, below)

- No illegal drugs, alcohol, or tobacco allowed
 - No weapons allowed (knives, guns, etc.)
 - No stereos or gaming systems allowed
 - No indecent magazines or posters allowed
- (If any of these objects are brought to camp, they will be confiscated and held by the director until the end of camp.)*

- Halter tops and two-piece swimsuits are not appropriate for camp and should not be worn.
 - Guys and girls must wear t-shirts while swimming
 - All shorts must be at least finger-tip length
 - In other words, all clothing should be modest and appropriate – not drawing attention to yourself
- (Cabin counselors will have the discretion to prohibit campers from wearing clothing that is inappropriate per the guidelines, above.)*

Be sure to bring:

- A bible (laptop computers and tablets will be permitted for study and reading)
- Bedding and pillow
- Towel and necessary toiletries

***NOTICE:** If a cellular device, phone/smartphone, is brought to camp the use thereof will be limited. **They will not be permitted during chapel sessions.** Ability to use devices throughout the week will be at the discretion of the director.

CONSENT: I consent to the camp rules and understand I will be expected to make my own bed, clean my cabin, participate in all activities, and eat all meals. I agree to obey the camp staff at all times.

Parent/Guardian Signature _____

Camper Signature _____

PARENTS or LEGAL GUARDIAN: Please complete the following information & sign:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Drug Sensitivities |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Daily Medications |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Discipline Problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |

I hereby give permission for medical treatment to be given to the above named child, should an accident or illness occur while at Sooner Bible Camp, or in transit to or from camp. In consideration of the benefits gained from the experience at Sooner Bible Camp, I hereby waive any and all claims against the Sooner Bible Camp, that may arise from its activities.

Emergency Phone #: (____) _____

Parent/Legal Guardian Signature and Date: _____

Our insurance is secondary insurance intended to cover what your insurance does not cover.

Please provide:

Insurance Company name: _____

Insurance Account #/Plan #: _____

Insurance ID #/Group #: _____