



Evangelist  
Shane Koolmeyer

# Servant's Heart Camp

422 Servant's Heart Dr.

Ramey, PA 16671

814-407-4100 | info@sham.org



Evangelist  
Dan Brubaker

Retreat Location:  
Timberwind Log Cabin Lodge  
912 Bull Run Rd.  
Rebersburg, PA 16672

Winter Retreat #1  
January 25-27, 2018

Winter Retreat #2  
February 1-3, 2018



## The Cure for Cabin Fever





# Don't Miss this Retreat!

After renting Timberwind Lodge for eleven years, this will likely be the last winter retreats at Timberwind.

Lots of memories... Lots of commitments...



## Information

This retreat is for teens in the 7th through 12th grade.

Registration is at Timberwind Lodge on Thurs. evening from 6:15-7:00, and the retreat will conclude at 4:00 on Sat.

Retreat includes a snack on Thur. evening, 3 meals and a snack on Fri. and a brunch and afternoon meal on Sat.

The cost for the retreat is \$90.00.

Bring: Bible, pen, sleeping bag, pillow, towel, washcloth, personal items, and warm clothes for outdoor games.

Note: The girl's bunk beds are full size, and two girls share the bed. Guys have single bunk beds or couches.

Do NOT bring: Tobacco, alcoholic beverages, drugs, radios, CD/MP3 players, iPods, electronic games or gadgets, magazines, knives, guns, playing cards, fireworks, cell phones, selfishness or a bad attitude.

Camper dress: In order to maintain modesty and consistency, we ask that you abide by the following standards.

**Girls:** All attire must cover the knee when sitting. No low necklines or tight shirts are allowed.

**Game Time:** Skirts, culottes, or loose fitting slacks    **Evening Rallies:** Skirts & blouses (no T-shirts)

**Guys:** Game Time: Jeans or pants    **Evening Rally:** Casual (khaki) pants and collared shirt

\*All attire should represent a clear Christian testimony.

The Staff has the right to ask any camper to change clothing.

Lost & found: Lost items not requested within 1 week after camp will be appropriately donated or discarded.

Telephone: Campers will not have access to phones. For emergencies call 717-808-7992 or 717-367-6655

## Registration

Send this form and \$25.00 deposit to: Servant's Heart Camp, 422 Servants Heart Dr., Ramey, PA 16671

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Pre-existing Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

I give my child permission to take Tylenol - Ibuprofen - Neither (Circle one)

In case of a medical emergency, I understand that every effort will be made to contact me, the parent or guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director or camp nurse to hospitalize and secure proper treatment for an injection, anesthesia, surgery, or whatever is needed for the child named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In addition to the medical release, I also grant SHCM permission to take photographs and/or videos of the above named camper. I authorize SHCM to use or publish the same in print or electronically.

Signature of Parent/Guardian: \_\_\_\_\_

\_\_\_\_ January 25-27, 2018

\_\_\_\_ February 1 - 3, 2018