



**SOWING THE WORD OF GOD
AMERICUS DISTRICT
YOUTH & CHILDREN'S CAMP
DOOLY CAMPGROUND
JUNE 24 - 27, 2010**

**FOR CHILDREN:
RISING 3RD GRADE TO 5TH GRADE**

**FOR YOUTH:
RISING 6TH GRADE TO 9TH GRADE**



Our children and youth camps will be happening at Dooly Campground at the same time again this year. We hope to have a camp *full* of children, youth, high school and college leaders, and adult counselors. Camp will offer a variety of great activities: games and recreation, arts and crafts, swimming, music, and great times of spiritual growth with a summer ministry team from the Wesley Foundation. Our camp theme this year is FARM TOWN, based on the popular Facebook trend of tending to crops. Campers will be sowing the Word and “growing” in their faith throughout the weekend as God tends the soil of their lives. We invite you to make some great memories at Camp Dooly this summer!

Fees and Registration:

\$65 per camper - please make checks payable to *District Youth Fund*

You must pre-register by Monday, June 1st.

Due to the space limitations at Dooly Campground, we can only accommodate approximately 45 children and 45 youth this year. If you come to register on the day of camp, we will not have room. So please pre-register.

Please return attached application, medical release form, and fees by **June 1, 2010** to:

Rev. Billy Kimbrel
PO Box 73
Perry GA 31069
Church: 478-987-1852
Cell: 478-918-5304
bkimbrel@gmail.com





Camp Dooly Check List

Here's what to bring to Camp . . .

Overalls or Farm attire (straw hat or bandana) for the costume party
Shoes you can wear in the pool, your feet will thank you
Bed linens/sleeping bag
Pillow
Towels for bathing & swimming
Shower shoes/flip flops
Personal hygiene items
Insect repellent and sunscreen
Casual clothes for Thursday thru Sunday
Swim suit – ladies, please wear one piece swim suits
Laundry Bag
Your Bible

Please have campers leave at home all electronic or battery powered games and devices including: cell phones, CD players, iPods, etc. Thank you for your cooperation!

Directions to Camp Dooly:

From Vienna: travel west on Highway 90 about 4 miles; immediately after crossing the bridge over Sandy Mount Creek take the first right onto Pleasant Valley Road (watch for Dooly Campground sign). Take the next right at Campground Road and follow the signs into Dooly.

Check-in on Thursday the 24th

3:00pm to 6:00pm

Pick-up on Sunday the 27th

Early pick-up at **noon** (following worship in the tabernacle)

Late pick-up at **1:30pm** (for folks attending area churches)

Camp Phone Numbers:

Camp Dooly (kitchen phone): 229-268-2263

Camp Director's cell (Rev. Billy Kimbrel): 478-918-5304

Dooly Campground director (Stacey Peavy): 229-268-43

**Americus District
Youth and Children's Camp
Application for 2010**

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Children's or Youth Camp _____ Rising Grade _____ (as of August 2010)

Pick-up on Sunday: Early (Noon) or Late (1:00pm) _____

T-Shirt (circle one): **Youth/Child** SM MED LARGE or **Adult** XSM SM MED LARGE XL

Parent/Guardian Names _____

Parent/Guardian Contact Numbers _____

Other Emergency Contact Numbers:

Home Church _____

Pastor _____

Pastor's Phone _____

Note to parents/guardians:

Youth and Children will have separate cabins, swimming times, and activity times. However, we will gather together for worship times.

*Rising 10th, 11th and 12th graders will serve as helpers to the adult counselors.



Camper Medical Information Form

Contact Information				
Name:				
Address:				
City		State:		Zip
Age:	Grade:	Gender:	DOB:	
Home Phone:		Church Phone:		Pastor's Phone:
Mother's Name:			Address:	
Mother's Phone:		Office:		Cell:
Father's Name:			Address:	
Father's Phone		Office:		Cell:
Emergency Contact (other than parents):				
Address:				Home Phone:
Office Phone:			Cell Phone:	
Insurance Information				
Subscriber Name (Name in whom insurance is listed):				
Insurance Carrier:				
Insurance Number:				
Address for claims:				
*Please photocopy front and back of your insurance card and attach to this form.				
Medical Information				
<i>*Any medication needs to be labeled and in a zip-lock bag. These are to be turned in with instructions at registration.</i>				
Drug Allergies:				
Medication taken on a regular basis (list below or attach a list):				
Medication:	Dosage:	Times:		
Medication:	Dosage:	Times:		
Medication:	Dosage:	Times:		
Physician's Name:				Phone:
Date of last Tetanus/Booster:				
Parental Consent				
<p>This health history is correct to the best of my knowledge _____ has my permission to engage in all camp activities except as noted on this form. I hereby give permission to the Dooly Camp Director and counselors to consent for medical treatment by a physician or hospital on the above listed minor child. I agree to release any and all records necessary for insurance purposes. I give permission to the camp staff to arrange necessary related transportation for said camper.</p>				
Signature of Parent/Guardian:				
Printed Name:				Date:
*Please attach a list of any food allergies, dietary restrictions, or any other restriction.				