

In the operation of the Summer Camp Food Service Program, no child, as defined by the Program regulations, will be discriminated against because of race, sex, color, national origin, age or handicap. Any person who believes that a child has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, DC, 20250.



16508 Hwy 87, Park Rapids, MN 56470
Phone: 218-732-9419
email: phca@unitec.com
www.pinehavencamp.org

Pine Haven
Where Camp and Christ Go Together



2008 Camp Schedule and Registration Forms

Pine Haven Christian Assembly Statement of Purpose

The purpose of Pine Haven Christian Assembly is to proclaim the gospel message of Jesus Christ through quality camping facilities and programs. The staff and faculty are to be representatives and witnesses of Christ through their work and life at Pine Haven. Pine Haven is an extension of the church in carrying out the Great Commission of Jesus Christ.



Pine Haven

Where Camp and Christ Go Together

2008 Camp Schedule

DATE	CAMP	DEAN	PHONE	FEE
May 8-10	Work Weekend	Joe Cachiaras	507-282-6758	none
June 8-14	Staff Training and Prep Week			
June 15-21	11/12 th Grade	Todd Looney/Brad Dewing	507-288-3293	\$150
June 22-28	9/10 Zone A	John Kester / David Kester	507-533-4651	\$150
June 29-July 4	Family Week	Mitch Bankes / Rick Messer	763-595-0883	***
July 6-12	7/8 Zone B	Celeste Ecklund / Jeremy Schneider	763-754-2297	\$150
July 13-18	Staff Break			
July 18-20	Mature Adult Weekend	Sandy Stugelmeyer	507-359-7879	\$40
July 20-25	5/6 Zone B	Brian Lindquist / Barry Klein	952-938-1121	\$140
July 20-25	Adventure Week	Tay Odor / Jon Albert	218-237-3605	\$250
July 25-27	Ladies Retreat	Kimball C/C — Debi Capes	320-236-2029	\$60
July 27-August 2	7/8 Zone A	Kim Goodfellow / Erick Klein	605-690-3137	\$150
Aug. 3-9	9/10 Zone B	Reggie & Miriam Camarse	763-670-1185	\$150
Aug 10-13	4 th Grade	Diana Evans / Renee Domogalla	507-236-4542	\$60
Aug. 14-17	Family Weekend	Tim and Val Smith	507-527-2723	***
Aug 17-22	5/6 Zone A	Kimber Schletty / Kathy Stolhanske	507-288-4563	\$140
Aug 22-24	Motorcycle Weekend	Joe Cachiaras	507-282-6758	\$40
Aug 29-Sept 1	Last Chance Camp	Brett Miller	612-331-8170	\$40
Sept 4-7	Scrapbook Weekend 1	Kara Curry	507-696-5010	\$90
Sept 11-14	Scrapbook Weekend 2	Deb Bankes	763-595-0883	\$90

Registration starts at 3:00pm the day each camp begins. Youth camps end after breakfast and clean up the last day of camp.

***FAMILY WEEK AND FAMILY WEEKEND FEES

A family is defined as adults and minor children. No pets allowed on the campgrounds.

Family Week: Maximum fee for family of up to 5 members will be \$325.

Maximum for family with 6 or more members will be \$375.

Family Weekend: Maximum fee for family of up to 5 members will be \$250.

Maximum for family with 6 or more members will be \$275.

Per Day: Adult: \$30.00 Age 13-18 yrs: \$17.50 Age 4-12 yrs: \$10.00 3/under: Free

ZONES: A zone finder is available on our website at www.pinehavencamp.org.

Zone A is for campers who: **1)** Live South of the Twin Cities or **2)** Live West of the Twin Cities and South of Interstate 94 or **3)** Live outside of Minnesota.

Zone B is for campers who: **1)** Live in the Twin Cities or **2)** Live North of Interstate 94.

TWO WAYS TO REGISTER:

1. ONLINE registration and payment available at www.pinehavencamp.org.

2. MAIL IN registration forms.

- Download additional forms at www.pinehavencamp.org.
- Complete the appropriate **Registration Form(s)** for each camp attending.
- Include a \$10 deposit with **each form**.
- Mail to: PHCA, 16508 State Highway 87, Park Rapids, MN 56470.

Early Bird Discount: A \$10 Discount to all **youth camp** registrations postmarked by *May 1*.

Adventure Week and **Scrapbook Weekends** have limited enrollment. After limit is reached, registrations will no longer be accepted.

What to Bring: Remaining balance on Camp Fee, Bible, Notebook, Pencil/Pen, Bedding, Towels, Toiletries, Play and Street Clothes, Sweater/Jacket, Swimsuit, Ball Glove, Musical Instrument, Money for Offering and Snacks

What NOT to Bring: Cell Phones, Radios, Tape/CD/MP3 Players, Electronic toys, Magazines, Fireworks, Water Guns, Skate boards, Tobacco, Alcohol or other drugs

Dress Code: Pine Haven dress is casual and modest. We typically have one dress-up night a week, so be sure to bring one nice outfit for that night. No offensive pictures or writing on T-shirts. Campers should not bring tank tops with spaghetti straps, midriff-baring shirts, and pants so low as to show briefs and tight or short shorts/pants. Our waterfront requires one-piece swimming suits.

Camp grounds may be used by private campers. Contact Camp Manager, Tay Odor, for regulations and reservation information.

Adult Camps Contact Info

DO NOT send registration forms to these addresses.

Family Week: Mitch & Deb Bankes
debbankes@yahoo.com
3601 Ensign Ave N
New Hope, MN 55427

Ladies Retreat: Debi Capes
loonybin@lakedalelink.net
5843 Calumet Rd
South Haven, MN 55482

Mature Adult: Sandy Stugelmeyer
lgssls@newulmtel.net
604 N State
New Ulm, MN 56073

Family Weekend: Tim & Val Smith
zowie@lakes.com
55087 200th Ave
West Concord, MN 55985

Motorcycle Weekend: Joe Cachiaras



2008 Youth Registration

USE FOR YOUR FEE CALCULATION

Camp Fee \$ _____

Less Early Bird Discount (postmarked by May 1) - \$ _____

Amount Enclosed - \$ _____

Total Amount Due at Check-In \$ _____

Make checks payable to **PHCA**.

Check the camp you are attending based on the grade you are entering this fall. We encourage you to attend the appropriate camp for your grade. In special cases, permission must be obtained in writing from the Dean prior to the week of camp. Registration starts at 3:00pm the day each camp begins. Youth camps end after breakfast and clean up on the last day of camp.

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Grade 4 | \$60 | <input type="checkbox"/> Grade 11, 12 & Graduates | \$150 |
| <input type="checkbox"/> Zone A Grade 5 & 6 | \$140 | <input type="checkbox"/> Zone A Grade 9 & 10 | \$150 |
| <input type="checkbox"/> Zone B Grade 5 & 6 | \$140 | <input type="checkbox"/> Zone B Grade 9 & 10 | \$150 |
| <input type="checkbox"/> Zone A Grade 7 & 8 | \$150 | <input type="checkbox"/> Adventure Week | \$250 |
| <input type="checkbox"/> Zone B Grade 7 & 8 | \$150 | <input type="checkbox"/> Last Chance Camp | \$40 |

CAMP USE ONLY

Check # _____ Amount _____

Church _____ Amount _____

Complete a separate registration form for each camp attending. Download additional forms at www.pinehavencamp.org.

Name: _____ Year of Graduation: _____ Age: _____ Gender: M / F

Address: _____ Cabin Buddy Preference: _____

City/State/Zip: _____ Phone: () _____

Church: _____ Member: YES NO Email: _____

(Required. Confirmations sent by email.)

Health History

Camper Has or is Subject to: (check if Yes)

- Asthma Bronchitis Seizures Diabetes Fainting Spells Heart trouble Other (list) _____

Allergies & Reactions: Penicillin Aspirin Other Medication/Drug (list) _____

Insect Bites/Stings Ivy, Oak or Sumac Poisoning Hay Fever Communicable Disease _____

Food: (list) _____ Date of last tetanus shot _____

Camper has difficulty with: (check if yes) Eyes/Ears/Nose/Throat Lungs Digestion Bed Wetting

Sleep Walking Menstrual Problems Other (list) _____

Camper has condition requiring medication: NO YES (indicate condition) _____

State law requires medicines to be in their original containers with dosage clearly marked. Medication sent otherwise cannot be dispensed.

List any specific sports or water activities to be restricted: _____

At youth camps, all medications of any type are to be turned in to and dispensed by the camp nurse. For your safety and in case of emergency, please inform the management of any physical problems that may arise during your stay at camp.

Medical Emergency Authorization

In Case of Emergency Notify: Name _____

Address: _____ Phone: () _____

City/State/Zip: _____

Relationship to Camper: Parent Guardian Other _____

Family Physician or Clinic _____ Phone _____

Family Health Insurance Co. _____ Policy No. _____

Camp nurse may provide Tylenol or equivalent if needed? YES NO

CAMP INSURANCE POLICY PROVIDES COVERAGE FOR MEDICAL PAYMENTS AND LIABILITY ONLY WHEN THE CAMP IS AT FAULT. NORMAL MEDICAL BILLS ARE YOUR RESPONSIBILITY.

A. The health history I have provided is correct and the named camper on this form has my permission to engage in all programs activities unless otherwise noted.

B. In case of emergency I grant permission to the attending physician to employ such diagnostic procedures and medical treatment as deemed necessary.

Signature of Parent or Guardian _____

Date _____

Make checks payable to **PHCA**. Send completed registration form and checks to **PHCA, 16508 State 87, Park Rapids, MN 56470**. By registering, you give Pine Haven Christian Assembly the authorization to use photos and videos of all campers for promotional purposes.



2008 Adult/Family Registration

USE FOR YOUR FEE CALCULATION

Camp Fee \$ _____

Less Your Deposit - \$ _____

**Total Amount Due \$ _____
at check-in**

Make checks payable to **PHCA**.

- Work Weekend No fee Family Week ***
- Mature Adult Weekend \$40 Ladies Retreat \$60
- Family Weekend *** Motorcycle Weekend \$40
- Scrapbooking Weekend I \$90 Scrapbooking Weekend II \$90

Registration starts at 3:00pm the day each camp begins. Weekend camps end after lunch and clean up on the last day of camp.

Complete a separate registration form for each camp attending. Download additional forms at www.pinehavencamp.org.

Name (one person only): _____

Address: _____

City/State/Zip: _____

Phone:() _____

Church: _____ Member: YES NO Email: _____

(Required. Confirmations sent by email.)

Names of other family members attending:

_____	Age _____	M / F _____	_____	Age: _____	M / F _____
_____	Age _____	M / F _____	_____	Age: _____	M / F _____
_____	Age _____	M / F _____	_____	Age: _____	M / F _____
_____	Age _____	M / F _____	_____	Age: _____	M / F _____

Cabin Preference: _____ Cabin Share with: _____ Tent Camper RV

Health History

Any adult camper that is attending as an individual (without a spouse) or as the sole adult (single parent) in their party, please provide the following health history information for yourself in case of an emergency.

Known Health Conditions: Camper Has or is Subject to: (check if Yes)

Asthma Bronchitis Seizures Diabetes Fainting Spells Heart trouble Other (list) _____

Allergies & Reactions: Penicillin Aspirin Other Medication/Drug (list) _____

Insect Bites/Stings Ivy, Oak or Sumac Poisoning Date of last tetanus shot _____

Camper has condition requiring medication: NO YES (indicate condition) _____

Medical Emergency Information

In Case of Emergency Notify: Name _____ Phone: () _____

City/State/Zip: _____

Family Physician or Clinic _____ Phone: () _____

Family Health Insurance Co. _____ Policy No. _____

CAMP INSURANCE POLICY PROVIDES COVERAGE FOR MEDICAL PAYMENTS AND LIABILITY ONLY WHEN THE CAMP IS AT FAULT. NORMAL MEDICAL BILLS ARE YOUR RESPONSIBILITY.

In case of emergency I grant permission to the attending physician to employ such diagnostic procedures and medical treatment as deemed necessary.

Signature _____

Date _____

Send completed and signed registration form and checks to **PHCA, 16508 State 87, Park Rapids, MN 56470.**

By registering, you give Pine Haven Christian Assembly the authorization to use photos and videos of all campers for promotional purposes.

No pets allowed on the campgrounds.