

Diocese of Central Newfoundland
Mint Brook Camp & Conference Centre
SUMMER CAMPS 2010
Information Sheet and Application

Mint Brook Camp & Conference Centre

Mint Brook Camp is located just east of the town of Gambo, 1.5 km. off the TCH. The camp with 11 can accommodate up to 135 . There are 11 cabins; a new facility has craft/ game rooms, gym, washrooms with showers, meeting rooms, and chapel; a main building with kitchen, dining hall and canteen. Staff quarters has meeting room, showers, and sleeping accommodations.

Camp Attractions

Beautiful scenery surrounds the camp with a variety of trees, a view of wild life, nature trails, canoeing, crafts, outdoor/indoor activities, and water sports.

Camp Staff

Director, Chaplain, Nurse, Senior Staff, Junior Leaders, Kitchen Staff.

Telephone

The emergency telephone number is: 709- 674 - 9900. Personal calls to campers are not encouraged, but if it is necessary, you must first check with the Camp Director. The phone is off limits to campers. **Calls home regarding your child will be made collect by the Director.**

Health

A parent/guardian is to fill out the attached health form. However, if your child cannot participate fully in camp activities, a **Medical Certificate must** be provided stating the limitations and the doctor's instructions.

Please Note VISITS FROM RELATIVES ARE DISCOURAGED - NO PETS PERMITTED ON THE CAMPSITE - NO SMOKING PERMITTED AT YOUTH CAMPS

Camp Fees Daily \$22.00 Weekly- \$150.00

This will include money for canteen. A fee of \$30 is to be sent with the application and the remainder paid upon arrival. If you wish you may forward the complete amount.

*** * PLEASE NOTE * ***

Applications are on a first come, first serve basis! **YOU WILL BE CONTACTED IF YOUR APPLICATION IS NOT APPROVED!** If not contacted you can be assured that your application is accepted.

AVAILABLE AT OUR CANTEEN

In addition to our food items we have: We may have other items available at camp time.

Sweat Shirts (Adult)	\$25.00	Hoodies	\$30.00
Youth T-Shirts	\$12.00	Visors	\$ 8.00
Bush & Bucket Hats	\$13.00	Ball Caps	\$10.00
Blankets	\$18.00	Adult Jackets	\$30.00
Youth Sweatshirts	\$20.00	Vests	\$24.00

We expect the camper to stay for the full camp period. Campers will not be permitted to leave camp before the final day with anyone other than the parent unless written permission is given.

* Campers are not to arrive at camp before **4:00 PM.**

* Please arrange to be picked up at **1:00 PM**

DATES OF CHURCH CAMPS

Boys Ages 8 - 13/14 Aug 7th - Aug 14

Director: Rev. Neal Buffett

Girls Ages 8 - 13/14 July 31 - Aug 7th

Check out our Website www.centraldiocese.org

GETTING READY AND WHAT TO BRING *Keep this as a checklist!*

+ Please put CAMPER'S NAME on all belongings.

+ BE PREPARED!!! It might rain or get cold at night.

- Warm sleeping bag or sheets and warm blankets
- Towel/Facecloth ----- Pyjamas
- Soap/Shampoo ----- Pillow
- Toothbrush/Toothpaste ----- Socks
- Comb/Brush ----- Underwear
- Slacks/Jean/Shorts ----- Sneakers
- Swimwear ----- Rain Coat/ Boots
- Shirts ----- Sunscreen
- Flashlight ----- Kleenex
- **Hat - Very Important** ----- Fly Repellent
- **Water Bottle** for those hot days - **PLEASE LABEL**
- Old T-Shirt for crafts

+ OPTIONAL

- Sporting Equipment ----- Games ----- Camera/Film
- Reading Material ----- Musical Instrument

******* REMEMBER *******

- ▶ Please do not bring valuables to camp. **Campers are responsible for the items they bring.**
- ▶ Absolutely no knives.
- ▶ Remainder of camp fees.
- ▶ Clearly label all medication.
- ▶ Any monies your child has to purchase items (t-shirt, blanket etc.) will be labelled and kept with the director. Extra money will be returned at the end of camp. You can help by not giving your child large amounts of money.
- ▶ Transportation is the responsibility of the parent/guardian. If you have questions or want assistance please contact your rector or me.

+ PLEASE KEEP THIS INFORMATION AS A GUIDE WHEN PREPARING FOR CAMP!!

DETACH the application and medical information and mail before July 9.

CAMP APPLICATION FORM

Send before **July 9th** to: Margaret Jenniex
Telephone: 709-256-2372 Diocesan Program Officer
FAX: 709-256-2396 34 Fraser Road
email: mcjenniex@nfld.net Gander, NL A1V 2E8

Make **CHEQUE** or **MONEY ORDER** payable to:

DIOCESAN YOUTH CAMP
CAMP APPLICATION FORM

(Check Camp Session you wish to attend)

---GIRLS {8-13/14} ---BOYS {8-13/14}

Family Name _____ First Name _____

Parent/Guardian _____

Mailing Address _____

P.C. _____ Home Telephone _____ Date _____

of birth (d/m/y) _____ / _____ / _____ M.C.P. _____

Business Address _____ Bus. Telephone No. _____

E-Mail _____

CAMPERS:

Have you been to camp before _____ Can you swim _____

Do you have canoeing experience _____

Whom do you want for a **Cabin Mate??** _____

I agree to participate in all camp activities _____

Camper's signature _____

PARENT/S SIGNATURE _____

I APPROVE THIS APPLICATION

Parish Priest

PERSONAL HEALTH RECORD

Name----- MCP # -----

In case of emergency contact: -----

Address-----Telephone -----

Family Doctor-----Telephone -----

Address -----

Camp events will include swimming, sports, crafts, canoeing, hiking, running etc. If your child has any physical or emotional disorder that would prevent him/her from participating in the program, please use a separate paper to explain details. **Next Page**

Check if your child is subject to any of the following:

Asthma ----- Bedwetting ----- Ear Trouble -----
Fainting ----- Heart Trouble -----Migraines -----
Nosebleeds ---Sleepwalking ---- Tonsillitis -----
Sore Throat ----- Skin Disease -----

Other

Does your child have allergies ----- Please
explain-----

Please list any medications the camper may be bringing and the reason for it

Medications must be labelled and handed in upon arrival.

Is there any other information the staff should be aware of?

Please read carefully before signing

In case of a medical emergency, I understand that every reasonable effort will be made to contact me. In the event that I cannot be reached, I give permission to the doctor, selected by the Camp Director, to give proper treatment to my child.

Signature of Parent/Guardian -----

Date -----