

**Can't wait to come back to camp next summer at the Grove?**



**Now you don't have to!**  
**Come to Winter Blast**  
**24 Hours of Christian**  
**Chaos bursting out in**  
**the middle of winter.**  
**Games, worship, fun, food and more!**



**Sign up early because space is limited.**

**Grades 3-5 January 27-28 7pm Friday-7pm Saturday**

*For more info: 717.375.4162 or [info@rhodesgrove.com](mailto:info@rhodesgrove.com)*

[www.rhodesgrove.com](http://www.rhodesgrove.com)

*Payment due in full one week before camp starts*

**January 27-28** (Grades 3-5 \$49)

Camper Name \_\_\_\_\_ M/F

Address \_\_\_\_\_

Custodial Parent(s)/Guardian \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Home Church \_\_\_\_\_ Current Grade \_\_\_\_\_

Allergies/Necessary Medical Info \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_  Mastercard  Visa  Discover Card Card # \_\_\_\_\_

Expiration Date \_\_\_/\_\_\_ Security Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

*Please make checks payable to Rhodes Grove Camp & Conference Center*

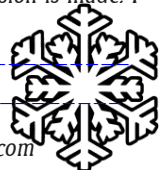
*By signing below, I acknowledge and accept the programs of Rhodes Grove and accept the risks of physical injuries associated with the activities provided. In the event that medical care is necessary, I give permission to the medical personnel selected by the Executive Director to order x-rays, routine tests, treatment, to release records necessary for insurance purposes; to provide or arrange necessary related transportation; and in the event I cannot be reached in an emergency, I give permission to the physician selected by the Executive Director to secure proper treatment, including hospitalization, for my child named above. I understand that medications may or may not be dispensed by a licensed nurse. I give Rhodes Grove permission to pass along my child's contact information to my home church or local church (if no home church listed) if a salvation decision is made. I also give Rhodes Grove permission to use any images of my child in future promotional materials.*

Signature of parent/guardian \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Today's date \_\_\_\_\_

*Rhodes Grove Camp & Conference Center--7693 Brown's Mill Road Chambersburg, PA 17202--717.375.4162--[info@rhodesgrove.com](mailto:info@rhodesgrove.com)*

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**7693 Brown's Mill Road**  
**Chambersburg, PA 17202**



# RHODES GROVE WINTER BLAST



## Camp in Winter!

JANUARY 27-28  
7PM-7PM  
ONLY \$49!!

RHODES GROVE  
WINTER BLAST

*Register Now!*