



Departure: Friday, February 18th @ 4:30 pm
Return: Sunday, February 20th @ 3:30 pm
**Drop off & pick up will be at the Vine St. campus*

Who can Attend: Grades 6th-12th & WCA Staff

RSVP NO LATER THAN: Tuesday, February 1st
Money also Due by **Tuesday, February 1st*

Original Cost: \$150 per person
Cost AFTER Midland Fundraising: \$70 per person
**We accept Cash or Checks made out to "WCA". In the memo line, please put "Snow Camp" & give money & form to Brandi Peloquin.*

What to Bring: Your Bible, money for the (coffee, snacks & gift shops), sleeping bag & sheets for a twin bed, a pillow/pillowcase, a towel to shower, toiletry items, modest clothing, snow attire & boots, sneakers for indoor games, flashlight, face mask (just in case), etc. Ice skates & sleds are available for use; however, feel free to bring your own ice skates if you'd prefer.

What NOT to Bring: Fireworks, weapons of any kind, tobacco, alcoholic beverages, drugs, skateboards, magazines, or T-Shirts with worldly advertising, and electronic media devices (to include smart watches, iPads, iPods, laptops, chrome books & cellphones).

Christian Conduct: Camp Spofford & WCA are Christian Organizations that maintain high standards of conduct and safety. Campers who use tobacco, alcohol, or any form of illegal drugs will be discharged. Any non-cooperative or noncompliant campers are subject to dismissal and parents will need to pick up.

Activities:
 Ice Skating, Battle Night, Dodgeball, Sledding, Hockey, Broomball, Archery Tag, Rock Wall, Basketball, Gaga Ball, 9-Square, Board Games. To also include Live Music, Speakers, Late Nights, Contests & Giveaways.

All Meals Included!
 Breakfast, Lunch & Dinner on Saturday
 Breakfast & Lunch on Sunday
**Plan to eat dinner on Friday night before departure!*

In case of emergency, please contact:
 Brandi Peloquin, Director of Admissions
 Mobile: #802-477-2994

Camp Location Information:
 Camp Spofford
 24 NH-9A
 Spofford, NH 03462
 Office: #603-363-4788

Permission Form:

Students Name: _____
 Date of Birth: _____ Grade: _____ (Male / Female)
 Parent/Guardian Name: _____
 Phone #: _____
 Parent/Guardian Name: _____
 Phone #: _____

In case of emergency, I understand every effort will be made to contact the parents of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for my child.

Medications/Allergies/Medical Restrictions: _____
Date of Last Tetanus Shot: _____
Doctor's Name: _____
Doctor's #: _____

I have read the information provided, and I agree to comply with dress and conduct regulations while at camp.

Camper's Signature: _____
 I have read the information provided, and I agree to support Camp Spofford & WCA in their regulations for my child while at camp.
Parent's Signature: _____