

2020 Health Form

PARENT OR GUARDIAN MUST SIGN THIS PAGE:

Camper's Name _____
 Health Problems _____
 Approximate Date of Last Tetanus Shot _____
 Regular Medication _____
 Activity Restrictions _____
 Bed Wetting at Present Time? _____
 Accident/Health Insurance Carrier _____
 Insurance Policy # _____

PARENT'S AUTHORIZATION (Please read and sign) I hereby give permission for the above name camper to participate in all Camp Pioneer's camping activities (except as noted above) and for Camp Pioneer to authorize any hospital/medical treatment deemed necessary by a qualified physician for my child.

Signature _____ Date _____

CAMP COST:
 ONLY \$285 per week
 (Includes \$25 deposit)

WEEK CHOICES:

June 1-6

June 8-13

June 15-20

June 22-27

Jun 29 - July 4 TEEN

Camper's Name _____ Sex _____

Address _____

City/State/Zip _____

Age at Camp time _____ Birth date ____/____/____ Grade completed this spring _____

Cabin-mate preference, if any (one person only) _____

List activities or special interest: _____ Special request or need? _____

Parent's Name _____ Phone _____

Other Emergency Contact _____ Phone _____

Home Church _____ Pastor _____

I give my permission for pictures of my child during camp to be used for publicity. Yes No

Parent/Guardian signature _____ Camper's signature _____

OFFICE USE ONLY

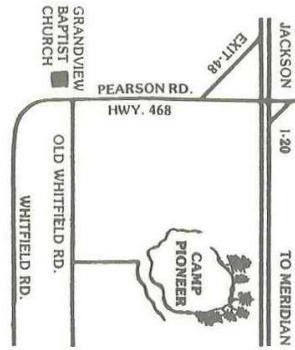
DATE Rec.	_____
WK Accepted	_____
\$ Received	_____
Balance Due	_____
T-Shirt Cost	_____
Trading Post Paid	_____
Cabin Assign	_____

www.pioneerministries.org

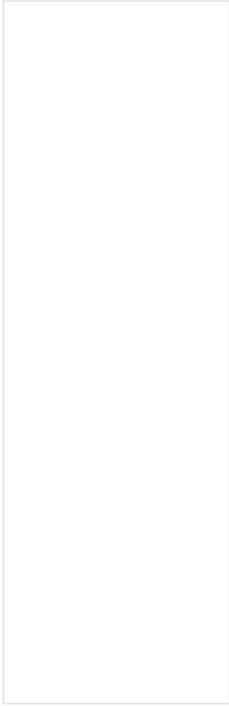
2020 Vision
 Clearly Seeing the "WAY"



Camp Pioneer is ideally situated on part of a 150 acre tract of beautiful Mississippi terrain. Traveling on Hwy. 1-20/East take **Exit 48 (Pearl-Whitfield)**, go right on **Hwy. 468 (Pearson Rd.)** about 1 1/4 mile to the Camp Pioneer sign. Turn left on **Old Whitfield Rd.**, go about 1.5 miles to **Camp Pioneer Road**. Turn left, and follow road to the "Welcome to Camp Pioneer" sign.



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 U.S. POSTAGE
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