Camp Pioneer

Camp Pioneer, Inc. is a 501c3, non-profit, non-denominational Christian ministry which is supported by contributions from mission-minded organizations, Friends of Camp, active kingdom builders, and a host of faithful prayer warriors.

Family Discounts

For Parents/Guardians sending three or more children in the same immediate family and attending in the same week may receive a $10 discount on each child's fee. (Does not apply to registration fee and cannot be used in association with other discounts or groups).

Camp Information

CAMP COST:
ONLY $305 per week
(Includes $25 deposit)

WEEK CHOICES:
Week 1: June 5 - 10
Week 2: June 12 - 17
Week 3: June 19 - 24
Week 4: June 26 - July 1
Week 5: July 3 - 8 Teen Week

601-939-3659
pminis3659@aol.com
www.pioneerministries.org

General Policies & Guidelines

Age Limit: Please keep in mind that the campers must be at least 6 years old upon arrival at Camp.

Arrival and Departure Time: Each camping week begins with Monday morning registration from 8:00 -9:00 a.m. The week will conclude on Saturday morning at 9:00 a.m. Please pick up your camper(s) promptly!

Note: Campers stay for the entire week. Early departures are discouraged.

Cancellation: If it becomes necessary for a registration to be cancelled, please do so as soon as possible. If the full CAMP FEE has been paid in advance and cancellation is necessary, the camp fee, less the deposit, is refundable if cancellation is done prior to the Monday of the registered child's camp week.

Visiting Policy: All visitors must check-in at the Administration Office before proceeding to the campgrounds. Visitation is welcomed at registration however, during the week of your child's attendance, visitation is discouraged. This is in the best interest of the child's morale and for general protocol related to safety reasons.

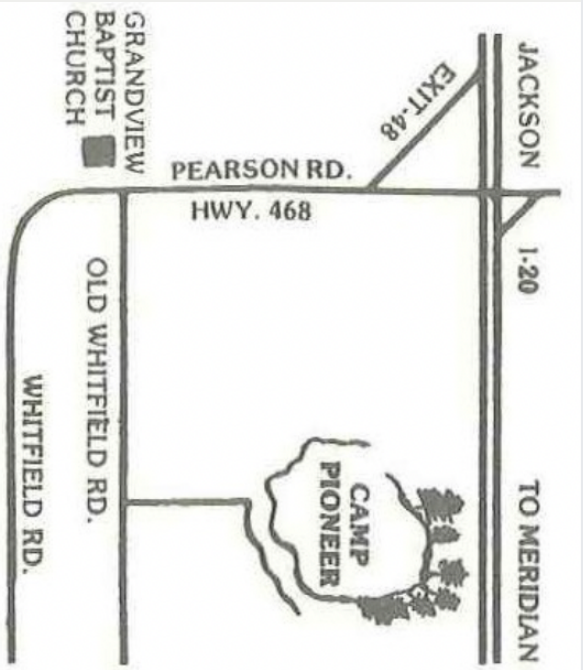
Special Note: Persons wishing to attend Camp who have a history of physical or emotional disabilities must indicate this on the application. Prior approval from the Camp Director must be secured in order to attend—your doctor's opinion may be requested.

No Refunds after a registered child's camp week begins.

We're excited about Summer Camp 2023. This summer camp season offers exciting times through swimming, crafts, boating, field and court games, nature activities, music, exciting Bible challenges, and much more. I look forward to meeting you here.

Please: no valuables, jewelry, food, cell phones, or electronic game devices. No knives or other weapons.

Camp Pioneer is ideally situated on part of a 150 acre tract of beautiful Mississippi terrain. Traveling on Hwy. I-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.



Camper's Name : _____ Wk 1 ☐ Wk 2 ☐ Wk 3 ☐ Wk 4 ☐ Wk 5 ☐

Address : _____

Phone Number : _____ **Age at Camp Time** : _____ **Birth date** : _____

T-Shirt Size : S ☐ M ☐ L ☐ XL ☐ 2XL ☐

Roommate Preference (similar-age grouping is standard : _____

List activities/special interests : _____

Special Request or Need : _____

Parent's Name : _____ **Phone** : _____ **email** : _____

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** : _____

PARENT OR GUARDIAN MUST SIGN THIS PAGE

Camper's Name : _____ ☐ Male ☐ Female

Health Problems : _____

Approximate Date of Last Tetanus Shot : _____

Regular Medications : _____

Activity Restrictions : _____

Bed Wetting at Present Time? : _____

Accident/Health Insurance Carrier : _____

Insurance Policy # : _____

OFFICE USE ONLY
Date Rec. _____
WK Accepted _____
Deposit _____
Scholarship _____
Balance Due _____
Total Received _____
Cabin Assignment _____

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. Camper's gender indication must match birth gender.

Parent/Guardian signature : _____ **Date** : _____

Member Christian Camp and Conference Association