

PEACE CAMP 2018 BUILDING PEACEFUL COMMUNITIES

presented by

Interfaith Center for Peace and Justice
(icpj-gettysburg.org)

June 11-15, 2018 * 9:00 AM to 3:00 PM each day Church of the Brethren * 1710 Biglerville Road * Gettysburg, PA

Congratulations!

Your family is registered for Peace Camp 2018. We have reached our capacity of 50 Peace Campers and have even started a waiting list.

We have a fantastic week of activities planned for June 11 to June 15 from 9 AM to 3 PM each day. The location is Church of the Brethren, which is located at 1710 Biglerville Road, Gettysburg. Please read the following directions carefully.

- I. Remember to bring a lunch and water bottle (with child's name clearly marked on each) to camp every day.
- 2. We will have a snack each day. Please e-mail Camp Director, Maribel Gonzalez (maribelartero@gmail.com), as soon as possible if your child has food allergies.
- 3. Wear old clothes. We'll be playing outside, gardening, and making messy crafts along with other fun adventures.
- 4. We recommend that you apply suntan lotion on your child before camp each day.
- 5. Children may bring cell phones but may use them during the camp day only with the permission from the Director or other adult counselor. Cell phones must be kept in the child's camp box (a cardboard box provided by ICPJ but feel free to bring your own along) where children will keep their things for the week. ICPJ is not responsible for lost or stolen items. Please do not allow your child to bring electronics, toys, and other valuable to camp.

Please complete the items on the next page and return to **strauss I 9@gmail.com** or **Peace Camp, c/o ICPJ, PO Box 3134, Gettysburg, PA 17325** by June 9, 2018. Donations of \$35 per family will still be accepted on the first day of camp. See you real soon.

Sincerely, Interfaith Center for Peace and Justice

EMERGENCY INFORMATION

Please complete the items on this page and return to strauss 19@gmail.com or Peace Camp, c/o ICPJ, PO Box 3134, Gettysburg, PA 17325 by June 9, 2018.

Name(s) and Age(s) of Peace Camper(s):	
Allergies or Medications:	
Family Doctor:	Phone:
Medical Insurance Company:	
In Whose Name:	Plan/Policy #:
Emergency Contact #1 and Phone:	
Emergency Contact #2 and Phone:	
List those who have permission to pick up your	child(ren) after camp each day:
Name(s):	· · · · · · · · · · · · · · · · · · ·
Relation to your child(ren):	
RELE	ASE
My child(ren) may participate in Peace Camp from June Peace and Justice (ICPJ) to use photos of camp activities publicizing ICPJ programs. I release ICPJ, staff, and volunt may sustain during the summer day camp. In the event o to any examination, diagnosis, treatment, or hospital care surgeon, or dentist, I expect to be contacted as soon as	s that may include my child for the purpose of teers from liability for any injury or illness that my child of an emergency, I authorize an adult leader to consent e advised and supervised by a licensed physician,
Signature of parent/guardian:	
Printed name of parent/guardian:	
Date:	

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