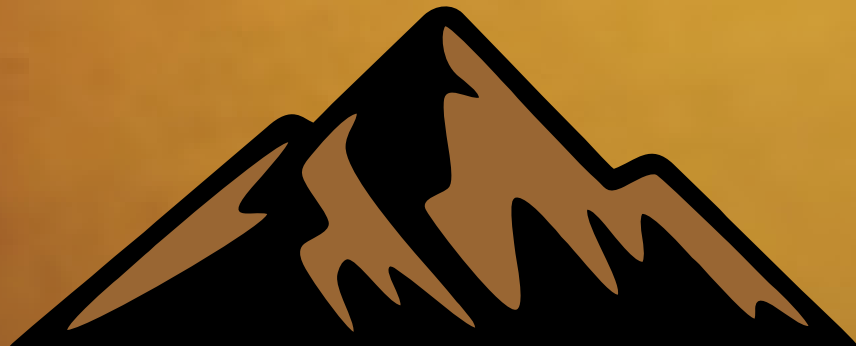


# 2024 SUMMER ADVENTURE CAMP

## ALL IN - TURNING NORTH



**AUGUST 1-4**



**Lost Valley Camp, Gaylord, MI**  
Sponsored by Michigan District Royal Rangers

# 2024 Summer Adventure Camp: **ALL IN**

## **Aug 1-4, Lost Valley Bible Camp, Gaylord Michigan**

Summer Adventure Camp is our annual camp outing for churches and outposts across the Michigan District. It is specifically designed for young men aged 9 - 17, their fathers and leaders, to have an amazing adventure. Younger boys (grades K-2) may also attend but **ONLY** if their father, who assumes full, personal responsibility for his son, accompanies them.

**All In – Turning North**, based in Deuteronomy 2: 2-3, will be a challenge to boys to compete in fun games, competition and creativity. We will have many great games, prizes and challenges throughout the camp. Our objective is to create and establish a life-changing event. Pray for 2024 SAC and the boys and men God will send our way. Together, leaders and dads, this event will be the open door through which God will move to usher in His Kingdom.

### **Cost**

The cost for each person from a chartered outpost is \$45 which includes camping costs, all activities and event patch. There is an additional cost of \$5 per person after July 30. Cabin (bunk) housing and meals are also available for additional costs. Refer to the registration form for details. Concerning refunds for early registration: funds are transferable within your church or outpost but no refunds will be given. Pastors: As usual, we invite pastors to be our guests; therefore the standard camping fee is **FREE**.

### **Camp Events**

The Lost Valley Campgrounds provides a large area for open fields, forests, lake area and recreation. Each night we will have exciting and powerful hillside services!

**Range and Field Events.** A wide variety of range events will be offered – 22 range, archery, bb and shotgun skeet shooting. Join the competition and fun!

**Lost Valley Waterfront.** The lake will be available to enjoy boating and canoeing! Swimming and other water activities will be available. A swimming test may be required to swim in deeper water. **Certified lifeguards will be on duty.**

**Special Games & Activities:** Archery Tag, Disc golf tournament, Gaga ball and field games.

### **Campsites and Concessions**

Exact location of your campsite will be given at registration. Registration will **open at noon** on Thursday and then again at 9am on Friday.

**A Camp store will be available on the campgrounds.** The store will be open daily for refreshments; everything from pop, ice cream, hamburgers, hotdogs and candy.

# Michigan SAC2024 Registration

Church \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_

Name of Leaders \_\_\_\_\_

Any special needs for campsite size or location? \_\_\_\_\_

Note: Earliest arrival is Thurs noon. Earlier arrivals need to contact Greg Wessel for approval.

## Costs

Registration Costs: \_\_\_\_\_ x \$45 = \_\_\_\_\_  
Prior to July 30  
There is NO cost for Pastors.

Registration Costs: \_\_\_\_\_ x \$50 = \_\_\_\_\_  
After July 30

## Optional:

Cabin bunks: \$15 x \_\_\_\_\_ x \_\_\_\_\_ or \$30 x \_\_\_\_\_ [for 3 night package] \_\_\_\_\_  
per person per night per person

Meal Ticket Package: \$56 x \_\_\_\_\_ [7 meals] \_\_\_\_\_  
per person

Mail this Completed Form and Check by **July 30<sup>th</sup>** to:

Greg Wessel  
596 Hampton Ct.  
Wixom, MI 48393

Make Checks payable to:

**Assemblies of God, Michigan District**



Credit card payments are also available  
Request the cc form or obtain on [michrr.com](http://michrr.com) website

**Lost Valley Camp, 5274 West M-32, Route 5, Gaylord, MI 49735, 231-546-3851**

## Notes:

1. Registration fees are transferable within a church or outpost. However, NO refunds will be given.
2. Late or On-site registration is accepted. However, a \$5 per person late fee will be assessed.
3. Bring to Registration: Completed Permission/ Health forms for each camper and Registration form.
4. Questions concerning registration? Visit [www.michrr.com](http://www.michrr.com) or call Greg Wessel at 248-775-9658

# ADULT Registration Form and Medical Information

This form must be completed and signed to attend this event. *PLEASE PRINT!*

Event: 2024 Summer Adv Camp Location: Lost Valley Camp, Gaylord, MI Date: Aug 1-4, 2024

Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Responsible Leader \_\_\_\_\_

Pastor \_\_\_\_\_

## Medical and Emergency Information

I will not hold the local church, Royal Rangers or any of their staff, the Assemblies of God, or any of their agents or staff, responsible for accidents or injuries. I understand there will be an Emergency First Aid Station on location. In the event of an illness or accident, I do hereby give my consent to the staff to administer any medical treatment deemed necessary by licensed Physicians, Dentists or Emergency Medical Personnel serving during this event.

Contact Name for Emergency \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone # \_\_\_\_\_

Medical History: Good Health? \_\_\_\_\_

Allergies? \_\_\_\_\_

Any Physical Impairment(s) (Heart, Epilepsy, Hearing, Vision, Asthma, Diabetes, etc.)? \_\_\_\_\_

Specify any medication that must be administered. Any special instructions? (Use other side if necessary) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance ID and Group Number: \_\_\_\_\_

## **PASTOR'S Certification for Adult Campers**

Pastor's Signature \_\_\_\_\_

Pastoral Position at Church \_\_\_\_\_ Date \_\_\_\_\_

## MINOR Registration Form

This form must be completed, signed and accompany the minor to attend this event. The purpose of this form is to make it possible for parents or guardians to authorize the provision of emergency treatment for any child under the age of 18 who may become ill or injured. *PLEASE PRINT!*

**Event:** 2024 Summer Adv Camp    **Location:** Lost Valley Camp, Gaylord, MI    **Date:** Aug 1-4, 2024

Minor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Responsible Leader \_\_\_\_\_

Pastor \_\_\_\_\_

## PARENT Permission Form, Medical Authorization and Medical Information

I hereby give my permission for the above named child to attend this event. I understand the arrangements and believe that adequate precautions for the safety of my child have been, and will be provided at this event. I will not hold the local church, Royal Rangers or any of their staff, the Assemblies of God, or any of their agents or staff, responsible for accidents or injuries. I understand there will be an Emergency First Aid Station on location. In the event of an illness or accident to my child, I do hereby give my consent to the staff to administer any medical treatment deemed necessary by licensed Physicians, Dentists or Emergency Medical Personnel serving during this event.

Name of Parent or Legal Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone # \_\_\_\_\_

Medical History: Good Health? \_\_\_\_\_

Allergies? \_\_\_\_\_

Any Physical Impairment(s) (Heart, Epilepsy, Hearing, Vision, Asthma, Diabetes, etc.)? \_\_\_\_\_

Specify any medication that must be administered. Any special instructions? (Use other side if necessary) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance ID and Group Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date