



CEF
CHILD EVANGELISM
FELLOWSHIP®
Since 1937 Reaching children worldwide™

Camp Good News®

120 Twin Lakes Road
Hawthorne, FL 32640

Website: www.campgoodnewsfl.com

(352) 481-3550 or (352) 378-0949

E-mail: campgoodnews@bellsouth.net



Day Camp Schedule and Registration Form for 2010

Please check the appropriate box for the week(s) your child will be attending Camp. Return this completed form to the camp address with the registration fee to reserve your child's spot and to allow for adequate staffing.

Spring Break Day Camp: Alachua County April 5- 9 [] Putnam County April 19- 23 []

Summer Day Camp: June 14-18 [] June 21-25 [] June 28- July 2 [] July 5-9 []

July 12-16 [] July 19-23 [] July 26-30 [] August 2-6 [] August 9-13 [] August 16-20 []

Main Camp Hours 9AM-4PM Early morning drop off @ 7AM & pick up by 6 PM (approx. times ____ to ____)

Bus Route

Westside Park

1000 NW 34th Street

Lake Forest Baptist Church

5121 E. University Avenue

Tim's Fast Nickel

9905 SE Hawthorne Road

Morning Drop Off Times

7:30 AM _____

8:15 AM _____

8:30 AM _____

Afternoon Pick Up Times

5:15 PM _____

4:50 PM _____

4:40 PM _____

Hawthorne residents call re: our 1st Baptist Church of Hawthorne early morn/late afternoon pick up & drop off. Other Routes and stops may be added as needed. Call for more details. (352) 481-3550

Please complete one registration form per child.

(Additional registration forms may be copied or downloaded from our website.)

Please print clearly.

Camper's name _____

Mailing address _____

City _____ State _____ Zip Code _____

Parent or Guardian's name _____ E-mail _____

Home Phone # _____ Work # _____ Cell # _____

Emergency Contact Person and Phone# _____

Allergies or Other Medical Needs _____

Sex: M ____ F ____ Date of Birth: _____ Age: _____ School Attending _____

I give my permission for the following individuals to pick up my child from the camp or the bus:

1. _____ Phone # _____ Relationship _____

2. _____ Phone # _____ Relationship _____

3. _____ Phone# _____ Relationship _____

No person will be allowed to pick up your child other than you or the person/persons listed above.

Do not leave your child at the bus stop or at camp without a CEF person available.

I have read the Day Camp Policy and Information sheet. I understand that photos are taken at camp for use in promotional materials. I also give my permission for Camp Good News to seek any emergency medical treatment for my child when deemed necessary, if the camp staff cannot contact me.

Parent / Guardian Signature _____ Date _____

~ Camp Good News is a ministry of Child Evangelism Fellowship of North Central Florida, Inc. ~