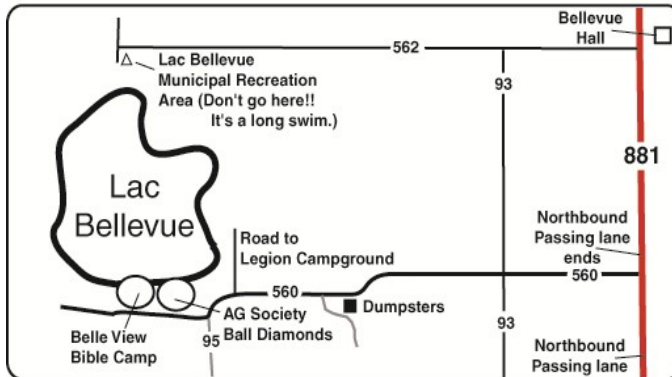
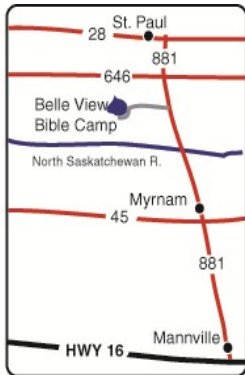


Summer Camps



Belle View Bible Camp is a ministry of the Christian and Missionary Alliance.

Belle View Bible Camp

P. O. Box 978
St. Paul, AB
T0A 3A0

Phone: 780-645-4948

Fax: 780-645-5034

Website: www.bellevuecamp.com

E-mail: bellevuebiblecamp@mcsnet.ca

“Using God’s creation to foster leadership and growth in Christ”.



For More Information:

Call (780) 645-4948 or

Check out our website: www.bellevuecamp.com



Welcome to Belle View

Set on beautiful Lac Bellevue, 20 km south of St. Paul, Belle View Bible Camp is a “rustic” wilderness camp that will allow you to experience the fullness of life the way that God intended.



Whether you come for the summer as a volunteer or spend a week as a camper, we believe that you will have the opportunity to meet with God, connect with other Christians and have a great time!



SUMMER CAMPS

Sr. High Camp (Grades 9-12)

August 8-13 \$245 Early Bird: \$225

Jr. High Camp (Grades 7-9)

July 4-9 \$245 Early Bird: \$225



Pre-Teen (Grades 5-6)

July 11-16 \$245 Early Bird: \$225

Jr. Kidz Camp (Grades 1-2)

July 25-27 \$190 Early Bird: \$175

Kids (Grades 3-4)

July 18-23 \$245 Early Bird: \$225



Speciality Camps

Senior's Camp: June 3-6 \$100/person

Please contact the camp office for more information

Family Camp August 20-22 \$50.00/person

*Meals will be provided.



Out-trip (Canoe) Camp (Grades 9-12)

August 8-13 \$350 Early Bird: \$335

There are moments when we all feel a little lost and like life is out of control. Sr. High Canoe Camp will help us discover how we find our way out of the reeds. Canoe Camp will begin and end at Belle View Bible Camp, but will be going to the Lakeland Provincial Park Canoe Circuit



This Sr. High Out Trip is looking for parent chaperones. If available, please contact the camp office at 780-645-4948 or by e-mail at bellevuebiblecamp@mcsnet.ca.

Equipment list to be provided upon registration

Registration Information

Please complete one registration form for each camper. Feel free to photo copy the attached registration form.

Registrations are accepted on a first come basis by mail and must include full payment (no credit card or Interac available). Registrations cannot be guaranteed if cheques are post-dated and NSF cheques are subject to a \$30.00 fee.

There will be no refund for cancellations made less than 30 days prior to the first day of camp (unless for medical reasons).



Smoking, alcohol and illegal drugs are prohibited on camp property. Belle View Bible Camp reserves the right to dismiss any camper at the discretion of the Managing Director. No refunds will be issued if a child is dismissed for disciplinary reasons.

Families registering four or more children qualify for a \$30/child discount.

Children of Pastors qualify for a 15% discount when registering on or before June 1, 2010.

Early Bird Discount available until June 1, 2010



Please Note: Medical Form **MUST** be filled out **IN FULL** for application to be processed.

Camper Name: _____ Health Care Number: _____

Physicians Name: _____ Physician Ph. #: _____

Does this camper have any special needs we should be aware of?

Physical	Yes	No	Asthma	Yes	No
Behavioural	Yes	No	Emotional	Yes	No
Learning Disabilities	Yes	No	Social	Yes	No
Allergies	Yes	No			

My child is able to fully participate in active program without limitations. Yes No

If yes to any of the above questions, please explain (describe the severity and symptoms of allergic reactions): _____

Please describe any dietary concerns: _____

CAMP WAIVER

I, the parent or guardian of _____, give my voluntary consent to his/her participation in Belle View Bible Camp activities and agree to all conditions of participation in these activities. Furthermore, I authorize Belle View Bible Camp staff to approve and obtain any and all medical attention and medical staff in the case of a medical emergency; with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and/or first aid where deemed appropriate; with the understanding that I will take responsibility for any additional expenses that may result from such services.

Furthermore, I release Belle View Bible Camp, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property; with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named. I understand that Belle View Bible Camp, its staff or agents reserve the right to dismiss a participant who is, in their opinion, a hazard to the safety and well-being of others, and/or who appears to have rejected the reasonable guidelines of the activity.

I, the parent or guardian, declare that the applicant is normal in condition and habits and is amenable to necessary discipline.

I, the parent or guardian agree to permit the use of photos and/or videos of the applicant camper in promoting the camp or camp activities and programs.

Failure to disclose problems at time of application could result in dismissal.

I am aware of the planned activities of the applicant and accept the conditions of participation with the full knowledge that this form with my signature may be used as a legal document in any court of law.

Signature of Parent/Guardian

Date

Please Return Completed Form to:

Belle View Bible Camp, P.O. Box 978, St. Paul, AB T0A 3A0



2010 Summer Camper Registration Form

(Please complete both sides of this form for each camper)

Camper's Name: _____ Male Female

Name of parents/guardian with whom the camper is living: _____

Mailing Address: _____

Phone: Parents Home: _____ Parents Work: _____

Cell: _____ E-mail: _____

Date of Birth: _____ Grade completed (June 2010): _____

Church Attending (if applicable): _____

Name ONE friend you would like to room with: _____

Is this camper the child of a pastor? yes no

Is the parent registering 4 or more of their own children? yes no

In case of serious medical emergency, please give the name and phone number of the person you would like notified if you are not available:

Name: _____ Relationship to camper: _____

Home: _____ Work: _____ Cell: _____

Camp Selection

Camp	Dates	Early Bird	Regular Price
<input type="checkbox"/> Jr. High Camp	July 4-9	\$225.00	\$245.00
<input type="checkbox"/> Pre-Teen Camp	July 11-16	\$225.00	\$245.00
<input type="checkbox"/> Kids Camp	July 18-23	\$225.00	\$245.00
<input type="checkbox"/> Jr. Kidz Camp	July 25-27	\$175.00	\$190.00
<input type="checkbox"/> Sr. High Camp	August 8-13	\$225.00	\$245.00
<input type="checkbox"/> Out-trip (Canoe) Camp	August 8-13	\$335.00	\$350.00
<input type="checkbox"/> Family Camp	August 20-22	R.V.s and tents welcome	\$50.00/Person *Friday Night Weiner Roast Only
<input type="checkbox"/> Seniors Camp	June 3-6	Please contact camp for more info	
<input type="checkbox"/> I would like to contribute \$ _____ to the Summer Staff Fund			
<input type="checkbox"/> I would like to contribute \$ _____ to the General Ministry of Belle View Bible Camp			

I would like to be included on the Belle View Bible Camp Mailing List (From time to time we will send you updates as well as information about our summer programs.)

Please note: Early bird discounts available **until June 1, 2010**. Children of Pastors are eligible to receive an additional 15% discount when registering **before June 1, 2010**. **Families registering four or more children qualify for a \$30/child discount**. Please complete one registration form for each camper. Please include full payment with registration form. Registrations cannot be guaranteed if cheques are post-dated. Medical form/waiver (on reverse side of page) must be completed before registration is processed. Refunds will not be issued for cancellations made less than 30 days prior to the first day of camp (unless medical).

Please return completed form to:

Belle View Bible Camp, P.O. Box 978, St. Paul, AB T0A 3A0