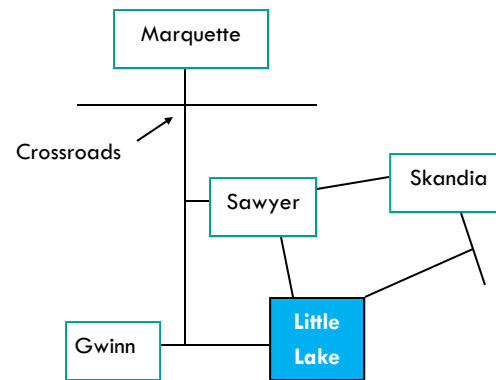


Little Lake Chapel DAY CAMP 2022

WELCOME

**Announcing this summers
Day Camp**

**Please Register early to
secure your place.**



Little Lake Chapel Sunday Services

There is a place for everyone at our 11am service. Come early for coffee and enjoy our friendly, relaxed atmosphere. Kid's love our Sunday School classes.



**Camp I: June 20-24
Camp II: August 15-19**

**Held at Upper Peninsula Bible
Camp Main Campus**

Where: Upper Peninsula Bible Camp Main Campus in Little Lake, MI. See map on back of brochure.

Ages: Going into 1st Grade through 8th Grade.

Camp Fee: \$30 each camp

New This Year: We are limiting each camp to under 150 campers. Positions will be filled on a first come, first served basis so you are encouraged to sign up early. You will be notified if your camper has a place at camp. We will keep a waiting list. Attempting to sign up on the first day that the camp begins is discouraged because Day Camp will possibly already be filled. You will receive a letter explaining the latest health code guidelines, if any, about two or three weeks before the start of your Day Camp. Call us if you have questions.



What Campers Should Bring

A backpack or tote bag containing: swimsuit, towel, flip flops to wear to beach, sunscreen, & mosquito repellent, swim vest, (if desired), and jacket or sweatshirt. Please wear tennis shoes and bring your backpack everyday.

Registration (online or by mail)

Online at: upbiblecamp.org/registration

By mail: Send completed Registration Form and a check made payable to:
**Little Lake Chapel, P.O. Box 302,
Little Lake, MI. 49833
Phone 346-3066**

Registration Form

Registering for which Camp (circle) I II

Child's Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Alt Phone:** _____

Email: _____ **Date of Birth:** _____

Circle: M / F **Grade Entering Sep 2022:** _____

T-shirt Size **Adult** _____ **Child** _____ (indicate small, med, large, XL)

Health Insurance Carrier:

Policy # _____

I authorize Little Lake Chapel and UPBC to secure routine or emergency medical treatment including surgery for my child:

Adult Printed Name: _____

Signature _____ **Date of Signature:** _____

Allergies/What we should know about your child: _____
